S. Hrg. 101-855

HEAD START: ISSUES FOR THE SECOND QUARTER CENTURY

HEARING

BEFORE THE

COMMITTEE ON
LABOR AND HUMAN RESOURCES
UNITED STATES SENATE
ONE HUNDRED FIRST CONGRESS
SECOND SESSION

ON

EXAMINING THE HEAD START ISSUES FOR THE SECOND QUARTER CENTURY

APRIL 17, 1990
BOSTON, MA.

Printed for the use of the Committee on Labor and Human Resources

U.S. GOVERNMENT PRINTING OFFICE
33-742 ⇆ WASHINGTON : 1990

For sale by the Superintendent of Documents, Congressional Sales Office
U.S. Government Printing Office, Washington, DC 20402

S541-51

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HEAD START: ISSUES FOR THE SECOND QUARTER CENTURY

TUESDAY, APRIL 17, 1990

U.S. SENATE,
COMMITTEE ON LABOR AND HUMAN RESOURCES,
Boston, MA.

The committee met, pursuant to notice, at 10:35 a.m., at 100 Shawmut Avenue, Boston, MA, Senator Edward M. Kennedy [chairman of the committee] presiding.

Present: Senator Kennedy.

OPENING STATEMENT OF SENATOR KENNEDY

The CHAIRMAN. We will come to order, please.

Just before making a brief opening statement, I want to express my very deep appreciation to all of those who have been involved in making this hearing possible, some old friends, men and women whom we have worked with on this program for a number of years, but in particular Bob Coard, Marie Galvin, Donna Grimaldi, Carolyn Vierra, Peter Scolara, Eileen Murphy, Phil Satterfield, Laura Palmer, Jeannie Hwang, and Fran Collins, and all of the Head Start staff and all of those involved in the 100 Shawmut Avenue facility.

We are very appreciative of all the work they have done in bringing us together, getting a chance to meet some of the children upstairs prior to this hearing, celebrating with them a birthday cake.

I found out what was really important: It was either cake or me—and they are all upstairs at this time. [Laughter.]

But we've gotten used to that, coming from a large family. [Laughter.]

In any event, we had a nice chance to visit upstairs and have seen what a center can look like if funds are available for renovations, and that is certainly impressive. And we are grateful to all of the children who met with us just a few minutes ago.

Twenty-five years ago I had the privilege of voting for the original legislation that created the project Head Start. In 1965 we had high hopes for the power of this program to change the lives of millions of disadvantaged children. Today, Head Start is credited with improving children's chances of becoming literate, graduating from school, going to college, and obtaining a job.

Parents of Head Start children have been helped to improve their own lives. Many have gone on to finish their education and find paid employment, sometimes in the Head Start program itself.

But despite its success, Head Start has failed to achieve its potential. It is a national disgrace that 25 years after the program began, only 20 percent of the eligible children are actually reached by its services.

Early childhood education is one of the wisest investments America can make in its future, and today this goal is within reach. There is bipartisan support to pass the largest increase in the history of the Head Start program. The Labor and Human Resources Committee is now considering legislation which will provide full funding for Head Start by fiscal year 1994 so that every eligible 3-, 4- and 5-year-old child will be able to obtain the benefits they deserve.

Joining educators in support of full funding is a surprising constituency. Leading business executives have signed up for the program because they are concerned about the workforce of the future, and they know a good business investment when they see one.

Landmark research demonstrates that every dollar invested in high-quality early education and childhood development saves $6 in reduced future costs for welfare, social services, special education, and crime. These savings will not be achieved, however, if we simply increase enrollment at the expense of quality. Over the past decade, Head Start agencies have been unfairly squeezed to accept more children at a lower cost per child. Head Start teachers are obliged to accept subsistence salaries that ignore their experience, their training, and the importance of their work.

Head Start programs are housed in rundown buildings because funds are not available for making renovations or renting safe facilities. Programs are forced to cut back staff, shorten hours, and raise class size in order to reduce costs.

This Head Start starvation policy must stop. Full funding of Head Start means what it says: high-quality programs with adequate salaries, training, and facilities to enable children to live up to their potential.

Our proposed legislation includes funds earmarked for quality. It sets aside a minimum of 2 percent of funds for training, a minimum of 5 percent for salary and benefit increases, and up to 5 percent for other quality improvements such as transportation, additional staff, and better equipment and facilities.

To protect our investment in Head Start, we must also ensure that the gains are not lost when children leave the program and enter school. We need to support partnerships between public schools and Head Start agencies, to encourage them to work together for this goal. Schools can learn from Head Start and ensure that children and their families receive the support services they need. Parents should be welcome partners in elementary school education just as they are in Head Start.

This kind of Head Start transition project has been endorsed by the Children's Defense Fund, the National Head Start Association, the National Association of State Boards of Education, and the National PTA, and it should be included in our legislation.

Finally, I want to say a special word of thanks to Bob Coard again, to Marie Galvin, and to all the other ABCD staff for making it possible to visit the Shawmut Avenue Head Start Center this morning. We are proud of the job you are doing, and you can teach us something, too.

We have an outstanding group of witnesses this morning, and I welcome all of them. They are men and women who have followed this legislation, some from the very beginning. Others have been enormously helpful and valuable to our committee over the years in helping to try to strengthen the legislation, and they continue to challenge us as legislators to provide even more creative and innovative ways of trying to meet our objectives. So we are delighted to have all of them.

Then it is my intention to also reserve a brief period of time at the end for comments from the floor. Depending on how much time, we will try to accommodate that, we hope.

I am pleased to welcome two distinguished experts in the field of psychology, Dr. Joyce Brothers and Dr. Ed Zigler. Joyce Brothers, as we know, is a noted psychologist, syndicated columnist, and author of numerous books that have made the field of psychology accessible to the general public. We are extremely pleased she is able to join us today and offer her expertise regarding this important program.

Dr. Zigler is the first director of the Federal Office of Child Development and the man we call the founding father of Head Start, currently the Sterling Professor of Psychology at Yale University. Dr. Zigler has among his credits a leading role in the development of Head Start, Follow-Through, and the Child Development Associate Program, providing advice to the committee over the years regarding these programs and many others. We are always glad to see him. We are particularly delighted that he joined with us here this morning.

We will start off with Dr. Brothers.

STATEMENTS OF DR. JOYCE BROTHERS, PSYCHOLOGIST, FORT LEE, NJ; AND DR. EDWARD ZIGLER, STERLING PROFESSOR OF PSYCHOLOGY, YALE UNIVERSITY, NEW HAVEN, CT

Dr. **Brothers**. Thank you, Senator Kennedy.

Mr. Chairman, members of the committee, it is indeed an honor to appear before you today. There is no more important resource for this country than our children, and I am here as a psychologist to speak on their behalf.

My principal concern centers, as I know yours also does, on our most disadvantaged children, who comprise an ever-growing proportion of children going to school. They are our future mothers, our future fathers, our future teachers, our future plumbers, our future voters, our future leaders.

And yet the Bureau of Census tells us that 23 percent of those children who enter school this year live in families that eke out an existence below the poverty line; 12 percent are children of teenage mothers. Even more unfortunate, most of these children attend school and live in neighborhoods that are concentrated pockets of despair. What realistic chance will they have of escaping the grinding cycle of poverty unless they are given a head start?

We know from our clinical experience with this program, which this year, along with the Elementary and Secondary Education Act of 1965, celebrates its silver anniversary, that it makes a difference in the lives of these children

The most classic case is that of the Perry Preschool Project in Ypsilanti, Michigan, where longitudinal studies of the graduates of this quality program indicate a lower incidence of remedial education, fewer school dropouts, less involvement in crime, and a reduced dependence on welfare than was found than was found among children who did not receive preschool services.

The United States House Select Committee on Children, Youth, and Families has even quantified the impact of quality school programs by estimating that for every dollar invested in such programs, as you point out, Mr. Chairman, $6 in savings is achieved through lower costs for special education, public assistance, and crime.

Head Start is comprehensive. It looks at the whole child, his or her physical, social, and cognitive development. Children who participate in Head Start develop a strong sense of self-esteem and bring a feeling of pride and accomplishment to the family.

I agree with and support your efforts, Mr. Chairman, in the S. 2363, the Head Start Transitional Project Act, to strengthen the link between Head Start and school, a link that is not always there under the current program, but a link which is vital if these young people are to continue successfully in school.

I also agree with the primary goal set out in the Senate reauthorization bill, S. 2229, the Head Start Expansion and Quality Improvement Act of 1990, full funding of Head Start and enhanced program quality. I understand that my friends at the American Association of School Administrators last year brought together educators and Head Start directors who helped provide valuable input to your staff as this bill was being shaped, so the legislation does indeed address real program needs.

I would also like to commend to you the school administrators' recommendations for Head Start; namely, the need for a locally directed funding formula to ensure local control of Head Start programs, the need for a comprehensive plan for Federal, State, and local coordination between and among programs serving young children; the need for salaries and benefits set aside to increase Head Start teachers and teachers aides salaries sufficient to bring them in line with public school teachers and teachers aides salaries within a reasonable period of time; and the need for more funds for training.

Knowing that Head Start is successful, that it makes a difference in so many young lives, I am nonetheless frustrated, Mr. Chairman, because this superb program continues to reach, as you pointed out yourself, fewer than 1 out of every 5 children eligible for its vital services.

What can be done to make certain that every single disadvantaged child is given a head start? How can we guide them safely around the budget-cutting ax of Washington's Gramm-Rudman-Hollings automatic deficit reduction law and the annual whims of appropriations and budget cycle? These young lives are too important to the future well-being of their neighborhoods, our economy, and our democracy to risk losing even one merely because the money wasn't there for every child that year.

I would like to propose, along with Dr. Jule Sugarman and the American Association of School Administrators, that you embrace the concept of the children's investment trust to ensure a better tomorrow for all Americans.

Now, I know that trust funds and taxes to pay for them are out of vogue among elected officials these days, Mr. Chairman. I too can read lips. But I can read polls as well, and I sense that the public is ready to make the tough decision to increase our investment in our young people. Look at the January 21 Washington Post-ABC News poll that asked, "Which domestic area should receive most of the so-called' peace dividend'?" 24 percent, the highest category, said: education.

Look as well at the Gallup Report for October 1989, which reported that 76 percent of all respondents, again the highest category, said spending for public education should be increased in the Federal budget this year.

That poll even went one step further and asked for which spending category would the respondent be willing to pay additional taxes. The highest positive response again, even when individual increases of $100 or $200 per year were proposed, was: education.

Can there be any doubt that the time for children's investment trust has come?

In the 1950's President Eisenhower had a vision of a nationwide network of highways stretching to every corner of this land, to improve our Nation's economic and military security. He proposed it, the people in Congress accepted it, we paid the taxes to implement it, and today we have one of the best highway systems in the world.

In the 1960's President Kennedy had a vision of taking a man to the moon, to make us first in the world in space travel. Again, we accepted his challenge, funded it through our taxes, and completed the mission with amazing speed.

Now the future is laying before us. Democracies are bursting all over the world. Economic engines are racing at breakneck speed to challenge and overtake our status. Meanwhile more and more of our children—the future workers on whom we will depend to drive this economy into the 21st century, on whom we must rely to preserve this democracy which was once the envy of the world—more and more of these precious young people are growing up in poverty and in despair. They need a hand, Mr. Chairman, a hand that we can easily give, that the public is willing to give. Let's give everyone who needs it a head start. Let's dare to invest in those bright eyes we saw upstairs at our party, before someone tries to take that hope away. Before that happens, let's propose and embrace a children's investment trust. If it was good enough for our highways and our airports, isn't it good enough for those in whom we are entrusting our future?

Thank you.

The Chairman. Very fine. [Applause.]

[The prepared statement of Dr. Brothers follows:]

PREPARED STATEMENT OF DR. JOYCE BROTHERS

MR. CHAIRMAN AND MEMBERS OF THE COMMITTEE, IT IS INDEED AN HONOR TO APPEAR BEFORE YOU TODAY. THERE IS NO MORE IMPORTANT RESOURCE FOR OUR COUNTRY THAN OUR CHILDREN, AND I AM HERE, AS A PROFESSIONAL PSYCHOLOGIST, TO SPEAK ON THEIR BEHALF.

MY PRINCIPLE CONCERN CENTERS, AS I KNOW YOUR DOES ALSO, ON OUR MOST DISADVANTAGED CHILDREN, WHO COMPRISE AN EVER GROWING PROPORTION OF CHILDREN GOING TO SCHOOL. THEY ARE OUR FUTURE MOTHERS AND FATHERS, OUR FUTURE TEACHERS AND PLUMBERS, OUR FUTURE VOTERS AND OUR FUTURE LEADERS. AND YET, THE BUREAU OF THE CENSUS TELLS US THAT TWENTY-THREE PERCENT OF THOSE CHILDREN WHO ENTERED SCHOOL THIS YEAR LIVE IN FAMILIES THAT EKE OUT AN EXISTENCE BELOW THE POVERTY LINE. TWELVE PERCENT ARE THE CHILDREN OF TEENAGE MOTHERS. EVEN MORE UNFORTUNATE, MOST OF THESE CHILDREN ATTEND SCHOOL AND LIVE IN NEIGHBORHOODS THAT ARE IN CONCENTRATED POCKETS OF DESPAIR.

WHAT REALISTIC CHANCE WILL THEY HAVE OF ESCAPING THE GRINDING CYCLE OF POVERTY, UNLESS THEY ARE GIVEN A HEAD START?

WE KNOW FROM OUR CLINICAL EXPERIENCE WITH THIS PROGRAM, WHICH THIS YEAR-ALONG WITH THE ELEMENTARY AND SECONDARY EDUCATION ACT OF 1965--CELEBRATES ITS SILVER ANNIVERSARY, THAT IT MAKES A DIFFERENCE IN THE LIVES OF CHILDREN. THE MOST CLASSIC CASE IS THAT OF THE PERRY PRESCHOOL PROJECT IN YPSILANTI, MICHIGAN, WHERE LONGITUDINAL STUDIES OF THE GRADUATES OF THIS QUALITY PROGRAM INDICATE A LOWER INCIDENCE OF REMEDIAL EDUCATION, FEWER SCHOOL DROPOUTS, LESS INVOLVEMENT IN CRIME AND A REDUCED DEPENDENCE ON WELFARE THAN WAS FOUND AMONG CHILDREN WHO DID NOT RECEIVE PRESCHOOL SERVICES.

THE U.S. HOUSE SELECT COMMITTEE ON CHILDREN, YOUTH AND FAMILIES HAS EVEN QUANTIFIED THE IMPACT OF QUALITY PRESCHOOL PROGRAMS, BY ESTIMATING THAT FOR EVERY DOLLAR INVESTED IN SUCH PROGRAMS, SIX DOLLARS IN SAVINGS IS ACHIEVED THROUGH LOWER COSTS FOR SPECIAL EDUCATION, PUBLIC ASSISTANCE AND CRIME.

HEAD START IS COMPREHENSIVE, IT LOOKS AT THE WHOLE CHILD, HIS OR HER PHYSICAL, SOCIAL AND COGNITIVE DEVELOPMENT. CHILDREN WHO PARTICIPATE IN HEAD START DEVELOP A STRONG SENSE OF SELF-ESTEEM AND BRING A FEELING OF PRIDE AND ACCOMPLISHMENT TO THE FAMILY. I AGREE WITH AND SUPPORT YOUR EFFORTS, MR. CHAIRMAN, IN S.2363, "THE HEAD START TRANSITION PROJECT ACT" TO STRENGTHEN THE LINK BETWEEN HEAD START AND SCHOOL, A LINK THAT IS NOT ALWAYS THERE UNDER THE CURRENT PROGRAM, BUT A LINK WHICH IS VITAL IF THESE YOUNG PEOPLE ARE TO CONTINUE SUCCESSFULLY IN SCHOOL.

I ALSO AGREE WITH THE PRIMARY GOALS SET OUT IN THE SENATE REAUTHORIZATION BILL, S.2229, "THE HEAD START EXPANSION AND QUALITY IMPROVEMENT ACT OF 1990": FULL FUNDING OF HEAD START AND ENHANCED PROGRAM QUALITY. I UNDERSTAND THAT MY FRIENDS AT THE AMERICAN ASSOCIATION OF SCHOOL ADMINISTRATORS LAST YEAR BROUGHT TOGETHER EDUCATORS AND HEAD START DIRECTORS WHO HELPED PROVIDE VALUABLE INPUT TO YOUR STAFF AS THIS BILL WAS BEING SHAPED, SO THE LEGISLATION DOES INDEED ADDRESS REAL PROGRAM NEEDS.

I WOULD ALSO LIKE TO COMMEND TO YOU THE SCHOOL ADMINSTRATORS' RECOMMENDATIONS FOR HEAD START, NAMELY: THE NEED FOR A LOCALLY-DIRECTED FUNDING FORMULA TO ENSURE LOCAL CONTROL OF HEAD START PROGRAMS: THE NEED FOR A comprehensive plan for federal, state, and local coordination between and among programs serving young children; the need for a salaries and benefits setaside to increase Head Start teachers' and teacher aides' salaries sufficient to bring them in line with public school teachers' and teacher aides' salaries within a reasonable period of time; and the need for more funds for training.

Knowing that Head Start is successful, that it makes a difference in so many young lives, I am nonetheless frustrated, Mr. Chairman, because this superb program continues to reach fewer than one out of every five children eligible for its vital services.

What can be done to make certain that every single disadvantaged child is given a Head Start? How can we guide them safely around the mindless budget-cutting axe of Washington's Gramm/Rudman/Hollings automatic deficit reduction law and the annual whims of appropriations and budget cycles?

These young lives are too important to the future well being of their neighborhoods, our economy and our democracy to risk losing even one, merely because the money wasn't there for every child that year.

I would like to propose, along with Dr. Jule Sugarman and the American Association of School Administrators, that you embrace the concept of The Children's Investment Trust to ensure a better tomorrow for all Americans.

Now I know that Trust Funds and taxes to pay for them are out of vogue

AMONG ELECTED OFFICIALS THESE DAYS, MR. CHAIRMAN. I, TOO, CAN READ LIPS. BUT I CAN READ POLLS AS WELL,AND I SENSE THAT THE PUBLIC IS READY TO MAKE THE TOUGH DECISION TO INCREASE OUR INVESTMENT IN OUR YOUNG PEOPLE. LOOK AT THE JANUARY 21 WASHINGTON POST-ABC NEWS POLL THAT ASKED WHICH DOMESTIC AREA SHOULD RECEIVE MOST OF THE SO-CALLED "PEACE DIVIDEND;" TWENTY-FOUR PERCENT, THE HIGHEST CATEGORY, SAID EDUCATION. LOOK, AS WELL, AT THE GALLUP REPORT FOR OCTOBER, 1989, WHICH REPORTED THAT 76 PERCENT OF ALL RESPONDENTS--AGAIN THE HIGHEST CATEGORY--SAID SPENDING FOR PUBLIC EDUCATION SHOULD BE INCREASED IN THE FEDERAL BUDGET THIS YEAR. THAT POLL EVEN WENT ONE STEP FURTHER AND ASKED FOR WHICH SPENDING CATEGORY WOULD THE RESPONDENT BE WILLING TO PAY ADDITINAL TAXES; THE HIGHEST POSITIVE RESPONSE, AGAIN, EVEN WHEN INDIVIDUAL INCREASES OF $100 OR $200 PER YEAR WERE PROPOSED, WAS EDUCATION.

CAN THERE BE ANY DOUBT THAT THE TIME FOR A CHILDREN'S INVESTMENT TRUST HAS COME?

IN THE 1950'S PRESIDENT EISENHOWER HAD A VISION OF A NATIONWIDE NETWORK OF HIGHWAYS, STRETCHING TO EVERY CORNER OF THIS LAND TO IMPROVE OUR NATION'S ECONOMIC AND MILITARY SECURITY. HE PROPOSED IT, THE PEOPLE AND CONGRESS ACCEPTED IT, WE PAID THE TAXES TO IMPLEMENT IT, AND TODAY WE HAVE ONE OF THE BEST HIGHWAY SYSTEMS IN THE WORLD.

IN THE 1960'S PRESIDENT KENNEDY HAD A VISION OF TAKING A MAN TO THE MOON, TO MAKE US FIRST IN THE WORLD IN SPACE TRAVEL. AGAIN, WE ACCEPTED HIS CHALLENGE, FUNDED IT THROUGH OUR TAXES, AND COMPLETED THE MISSION WITH AMAZING SPEED.

NOW THE FUTURE IS LAYING BEFORE US. DEMOCRACIES ARE BURSTING ALL OVER THE WORLD. ECONOMIC ENGINES ARE RACING AT BREAKNECK SPEED TO CHALLENGE AND OVERTAKE OUR STATUS. MEANWHILE, MORE AND MORE OF OUR CHILDREN, THE FUTURE WORKERS ON WHOM WE WILL DEPEND TO DRIVE THIS ECONOMY INTO THE 21ST CENTURY, ON WHOM WE MUST RELY TO PRESERVE THIS DEMOCRACY WHICH WAS ONCE THE ENVY OF THE WORLD; MORE AND MORE OF THESE PRECIOUS YOUNG PEOPLE ARE GROWING UP IN POVERTY AND DESPAIR. THEY NEED A HAND, MR. CHAIRMAN, A HAND THAT WE CAN EASILY GIVE, THAT THE PUBLIC IS WILLING TO GIVE.

LET'S GIVE EVERYONE WHO NEEDS IT A HEAD START. LET'S DARE TO INVEST IN THOSE BRIGHT EYES BEFORE SOMEONE TRIES TO TAKE THE HOPE AWAY. LET'S PROPOSE AND EMBRACE A CHILDREN'S INVESTMENT TRUST. IF IT WAS GOOD ENOUGH FOR OUR HIGHWAYS AND AIRPORTS, ISN'T IT GOOD ENOUGH FOR THOSE IN WHOM WE ARE ENTRUSTING OUR FUTURE?

THANK YOU.

The **Chairman**. I find it difficult not to applaud, myself, but out of respect for all of our witnesses, we hope that we will withhold the applause for the morning.

The **Chairman**. Dr. Zigler.

Dr. **Zigler**. Senator Kennedy, thank you for inviting me to share my perspective on Head Start, a perspective formed in a quarter of a century of intimate professional involvement with our Nation's Head Start program. I was one of the original planners of Head Start, and during my tenure as the first director of the Office of Child Development was the government official responsible for this program. In 1980, as the request of President Carter, I chaired the committee that reviewed Head Start after its first 15 years. I have been involved in research and evaluation of Head Start and other early intervention programs for children and families for three decades. I am the Sterling Professor of Psychology at Yale University and director of the Yale Bush Center in Child Development and Social Policy.

I am delighted at the President's desire to increase Head Start's budget by $500 million and by proposals in Congress to move even more quickly toward full funding of Head Start.

It is my belief that Head Start is the most important effort ever mounted for poor children in America. The goal of Head Start is to improve the social competence of disadvantaged children before they enter school. Head Start achieves this goal with positive, long-term effects through a broad program emphasizing health, nutrition, parental involvement, and supportive services to the children's families, in addition to working with children directly in a group setting.

In the past 25 years, 11 million children and their families have benefited from Head Start, yet in spite of its success, only 18 percent of eligible children are enrolled today.

I see the proposed significant increases in Head Start funding as a wonderful opportunity to accomplish two goals: first, increase the number of children in Head Start; and two, improve the quality of the program. I am afraid people are not aware of how program quality has slipped in so many American communities.

Head Start is effective only when quality is high, when every individual local program meets the standards and criteria set forth by the National Head Start Act. There is a direct correlation between the quality of a Head Start program and its long-term effects. It is safe to conclude that the better the program the more pronounced and lasting its positive effects on children and their families.

Below a certain threshold of quality, the program is useless, a waste of money, regardless of how many children are enrolled.

In my opinion, 25 to 30 percent of the new Head Start budget should be spent on improving quality throughout the country and 70 to 75 percent should be spent on expanding Head Start to reach eligible children not now served. I would rather serve fewer children in a high-quality children than more children in mediocre programs.

My written testimony makes positive recommendations on how quality can be improved. Foremost is the need to attract and keep highly qualified staff through good salaries, benefits, and training programs. Twenty-five years ago we hoped that 1 year of Head Start could inoculate children against the ravaging effects of poverty. Now we know that there are no such magic periods. For early intervention to work long-term, children need appropriate nurturing and support in each stage of development. This is the way good families function. Parents respond to the changing needs of their children.

Senator Kennedy, your new bill to establish a Head Start transition program offers an excellent way to strengthen Head Start's contribution to the lives of disadvantaged children and their families. Head Start teachers and kindergarten teachers would actually meet so that the knowledge and understanding of individual children, their circumstances, their special needs and learning styles gained in Head Start would not be lost.

Best of all, the Head Start mentality and philosophy—that is, involving parents, offering help and social services to the family and using a developmentally appropriate curriculum geared to the whole child—would be continued in the schools through the 3rd grade.

Your bill would only fund a number of small demonstration projects, but I am confident that careful evaluations will prove these projects effective in improving social competence and academic achievement among poor children. I also expect to see improvements in the social and economic circumstances of their families.

It is high time for the public schools to learn the major lessons of Head Start, which are 2 in number: first, that services to poor children must go beyond purely educational; and second, that any program for the child must involve the entire family. Once the Head Start approach is validated by the results of your demonstration projects, as I fully expect, then it is imperative to take this approach into the educational mainstream.

We currently spend more than $4.7 billion in Chapter 1 funds for much the same purpose as Head Start: to counteract the adverse effects of poverty on children in schools and to improve the education of low-achieving students. Chapter 1 programs generally provide special instruction in math and reading to eligible students. The studies we have on the effectiveness of Chapter 1—and they are few in number—show at best marginal results. It would make sense to me to set aside the ineffectual educational model on which Chapter 1 funds are usually spent and to adopt instead on a large scale the successful, comprehensive approach of Head Start. We have an opportunity to redirect these enormous funds already in the Federal budget for children and their families with the prospect of much better results. Such a major step forward is contingent, of course, upon the successful outcome of the demonstration projects you sponsored in S. 2363.

The CHAIRMAN. Thank you very much, Dr. Zigler.

Let me ask you, Dr. Brothers, we know that those children who are living in poverty are facing the same problems that they were facing 25 years ago in terms of inadequacy of nutrition, maybe poor housing, other features which are associated with living in poverty. But there are obviously new factors that are impacting those children as well. And I am wondering if you might talk about what you think the psychological implications are of those new problems children are facing today, what additional kinds of burden it provides for children and how serious is it?

Dr. **Brothers**. Well, Senator Kennedy, we now know so much more than we did many years ago in terms of the importance of good nutrition, in terms of the fact that we can prevent certain health difficulties ahead of time. And so it seems terrible, with the new knowledge, not to use that knowledge.

But also we have seen the family fragmented to such an extent. In the past grandparents used to live close by and they could take over and help when parents ere pressured. They could also teach their own children how to parent well. But now grandparents may be in another part of the country or may not be there at all.

We also see a rise in divorce. We see a rise in single-parent families where the single-parent family has been plunged into poverty because of the fact that they are not able to reach out into the community or don't know that there are community resources. In the past we used to live in small enclaves where people could—life was simpler in the sense that other people could help, the friends and the neighbors, to find resources in that community. Now it is extremely difficult. Life has become more complex.

Also, we have many more homeless than we did in the past, and for the children who are homeless, the parents are so busy just trying to stay alive, that the ordinary care and concern and time spent on the child does not necessarily occur.

I think also that we are aware now that parents can take a leading role in the child's education, so that we need to involve parents, teach the parent how he or she can be helpful in moving the child ahead. And we know now, as Dr. Zigler said, that it isn't just a matter of teaching one time or teaching for a small period of time, that this must be continuous care over a long period of time.

The **Chairman**. On the point that you raise about involving the family, how important is that, in your own viewpoint, to the success of the Head Start experience?

Dr. **Brothers**. Very important. Key to it, because even the best-trained of administrators, even the best-trained of teachers, has only limited time. The family is with the child over a long period of time, and in that sense the more the parent gets involved in the parenting, the more the parent can monitor the changing needs of that child.

Just as Dr. Zigler put it, the needs change as time changes, and the parent needs to be cued in to know how to parent. Children don't come with a booklet of instructions. All our appliances do, but we don't know really how to take care of our children. In large families such as yours, one child would help another, but sometimes the families are small, sometimes they're not taught to help one another.

Sometimes the parents are so involved in the daily pressures of life that there isn't anyone to sit with the child, to read to the child, to talk to the child, to give the child a sense of competence, of self-esteem. And Head Start, along with the parent's help, can give that child a sense of "I'm important, here is my name up on the board, here is what I have done with crayons or what I have done with scissors."

Many of these children don't have books, they don't have scissors, they don't have the instruments at home. So parents are brought into the Head Start procedure. First they can be sent to various resources in the community, and second they can be taught, and third, as the child learns the parent learns as well.

The CHAIRMAN. Your point about the trust fund is one that I have found appealing and in concept have supported. I think if we are really going to come to grips not only with Head Start but also with education generally, we must change the system. Look over these figures here, which show the percent of GNP that we are spending on education relative to other nations—it is absolutely appalling.

And given the scope, it is extremely difficult to say that under the normal process that we would be able to get the kind of commitment. I mean we are down to spending about 2 percent of our national budget on education. That is absolutely disgraceful. I think most parents would think that it's somewhere at 10 or 12 or 15 percent. And so we are really not meeting our task.

I have heard it suggested that we put what I think is a very real area of substantial resource, the peace dividend, into a trust fund that would be targeted to limited areas of investment that have a demonstrated track record of proven results. And early education is certainly one.

I have just a final question, and that is the age that you think that the children ought to get started.

Dr. BROTHERS. Well, at the present moment I am told that they start on a median at 2.9 years. I think the younger the better because needs change as time goes on. The time that parents are now spending just making a living is increasing, and the time they have to spend with the children is decreasing.

Also, very often in one-parent families there simply isn't the time to spend with the child, and I was shocked to find that there are tiny latchkey children. So I think the earlier we can start and the more a child is entitled, not that we have to fight the battle each year, but that there is an entitlement for every child in our country, I think the earlier the better.

The CHAIRMAN. Thank you.

Dr. Zigler, you have followed this program and, as I mentioned at the outset, are really the father of it, of this initiative and have been very much involved in the initial establishing of the program and have reviewed it and have been a very important source of help to all of us in the Congress on it over the period of years.

What do you say to those who say, "Well, Head Start hasn't really a proven track record of demonstrated improvement in terms of reaching these children?"

You know, we are going to be facing that as we are asking both for the increased resources and the increased commitment. What is the best way of taking on those that say, "Look, this is just another program without a proven track record. It really doesn't require this kind of investment"?

Dr. ZIGLER. Well, over the years, Senator, bad research has almost destroyed Head Start. I think back to' 69 and the Westinghouse report, which proved to be fallacious when better research was done. I was very troubled by last week's commentary in our most prestigious scientific journal, namely, Science, which contained a very negative assessment of early childhood intervention in general.

I have written a letter to Science magazine, as I am sure other workers are, for what I consider to be a misreading of the empirical evidence.

I think a combination of the evidence that we have from the Cornell Consortium, the High Scope Project, the Philadelphia Project just done on the Head Start children, Sally Province's project in New Haven, and several others, convinces me, as a pretty skeptical researcher, that the case is very clear as to the long-term benefits of Head Start. There is absolutely no doubt in my mind that that case is solid.

We have argued this for 20 years, and I am ready to put it on the back burner to go on to the next research issue, which is: What mediates those long effects; that they are there, we agree upon. What scholars disagree upon is what is mediating them.

My own hypothesis, which is held by other workers but certainly not by everyone, is that the secret ingredient is the parental involvement.

The CHAIRMAN. And that is increasingly complex, as Dr. Brothers has pointed out. You have spoken this morning about the transition from the Head Start to the public schools. What has been missing in this linkage in the past? Why do you think it has been missing? And what would be the value, do you think, in terms of the connection between Head Start and either Chapter 1 or just elementary school?

Dr. ZIGLER. It's somewhat difficult for me to answer your question because you're touching upon one of my great failures, Senator. Twenty years ago I put into place a project called Project Developmental Continuity. It was apparent to many of us two decades ago that we had to give up this magic-periods idea that you do something for a child for 1 year and then you just sit back and everything will be fine.

We have to follow a good Head Start program with a good school program to maintain those effects and build upon them. The problems have been problems of different philosophies, lack of money on the part of Head Start. It's not easy to get a kindergarten teacher and a Head Start teacher in the same room. It takes time, effort, money. They have to have some training on just how they work together.

But very honestly, I think what was wrong with my plan was that the zeitgeist wasn't right. I think schools have changed. I think the big problem we had 20 years ago, I was the government official which issued the decision that gave parents the policy councils and the impact that they have on the empowerment they have in Head Start. The minute I made that decision, I heard from schools all over the country that schools couldn't possibly give parents that kind of say in school activities. But I think that has changed, as we see programs like parents as teachers out in Missouri and a variety of other places.

I see the schools now ready to move forward in the way that we would like to see and really build this transition. And I am pretty much convinced, as my testimony indicates, that we will find if we move in that direction, that we will get a kind of a multiplier effect: the benefits of children of families will be more than the sum of the two parts.

The CHAIRMAN. And that is more comprehensive, obviously, than the follow-through program which exists at the current time, which is more with regards to just educational curriculum reform. The more comprehensive approach is the one that you are suggesting.

Dr. ZIGLER. Yes. I was one of the founders of follow-through as well. And unfortunately it wasn't really a follow-through. It did what schools wanted to do 25 years ago, which is test different curricula, and it was totally circumscribed to educational efforts, whereas the real Head Start model, there are only two things unique in Head Start.

And we are sitting in a historic location. ABCD was here before Head Start, and they had this philosophy then, which was a comprehensive approach to children, not just education, health and social services, and second, parental involvement. Those are the two ingredients that are necessary.

The CHAIRMAN. Good. OK. Thank you very much.

[The prepared statement of Dr. Zigler follows:]

WRITTEN TESTIMONY FOR THE
SENATE COMMITTEE ON LABOR & HUMAN RESOURCES
HEAD START HEARING

April 17, 1990
Boston, Massachusetts

Edward Zigler
Yale University

Senator Kennedy and Committee Members, thank you for inviting me to share my perspective on Head Start as you work to determine its shape and size for the immediate future. My entire professional life has been intimately involved with our nation's Head Start program. I was one of the original planners of Head Start and was the government official responsible for the Head Start program during my tenure as the first Director of the Office of Child Development. That office is now the Administration for Children, Youth and Families. I was the senior editor of the archival history, "Project Head Start: A Legacy of the War on Poverty," and in 1980, at the request of President Carter, I chaired the committee that reviewed Head Start after its first 15 years. I have been involved in research and evaluation of Head Start and other early intervention programs for children and families for three decades. I am the Sterling Professor of Psychology at Yale University and director of the Yale Bush Center in Child Development and Social Policy.

I am delighted at the President's desire to increase Head Start's budget by $500 million, and by proposals in Congress to move even more quickly toward full funding of Head Start. It is my belief that Head Start is the most important effort ever mounted for poor children in America.

The goal of Head Start is to improve the social competence of disadvantaged children before they enter school. Head Start achieves this goal through a broad program emphasizing health, nutrition, parental involvement and supportive services to the children's families, in addition to working with children directly in a group setting.

During the first 15 years of Head Start's life, arguments raged over whether early intervention programs have long-term effects. My intimate knowledge of the research literature leads me to the conclusion that, without a doubt, high quality early intervention programs do have long-term effects. Indeed, funds spent on such programs should be viewed not so much as costs but as investments in our nation's future.

In the past 25 years, 11 million children and their families have benefited from Head Start, yet, in spite of its success, only 18% of eligible children are enrolled today. I see the proposed significant increases in Head Start funding as a wonderful opportunity to accomplish two goals: (1) increase the number of children in Head Start and (2) improve the quality of the program.

I must unequivocably emphasize the need to improve quality. Head Start is effective only when quality is high, when every individual local program meets the standards and criteria set forth by the national Head Start Act. There is a direct correlation between the quality of a Head Start program and its long-term effects: it is safe to conclude that the better the program, the more pronounced and lasting its positive effects on children and their families. Below a certain threshold of quality, the program is useless, a waste of money regardless of how many children are enrolled.

When I reviewed Head Start in 1980, I saw evidence of erosion in the quality of many local Head Start centers, often caused by the pressures of inflation in the late 1970's. Fewer teachers and aides worked with larger groups of children; hours were shortened and even months dropped from the program year; important Head Start components such as health screening were ignored or badly done. Where substandard conditions exist today, money and attention should be focused on restoring high standards of quality.

In my opinion, 25% to 30% of the new Head Start budget should be spent on improving quality throughout the country, and 70% to 75% should be spent on expanding Head Start to reach eligible children not now served. I WOULD RATHER SERVE FEWER CHILDREN IN A HIGH QUALITY PROGRAM THAN MORE CHILDREN IN MEDIOCRE PROGRAMS.

While many factors contribute to program quality, the most important is staff: who are the Head Start teachers and helpers? How good are they at working with children? To attract and keep the best possible staff members, we must both (1) increase salaries and benefits and (2) provide excellent training. As more preschool and day care programs are offered throughout the country, Head Start salaries and benefits must become competitive or Head Start's best workers will find better opportunities elsewhere. Frequent staff turnover is harmful to young children: they need continuity of care.

For training, I commend the proposed increase in funds for Child Development Associate scholarships. Head Start workers should be given incentives to get the Child Development Associate training; such incentives have been missing to date. Head Start must institute a salary schedule tied to the staff person's level of training and achievement, be it CDA certification or an AA or BA degree. Improvement in benefits is also critical. We currently have staff members who have worked in the Head Start program for 25 years without having one cent put aside for them in pension benefits.

I also recommend that, for the purposes of training staff and guaranteeing quality, Head Start form a network of colleges and universities where experts can be found in early childhood intervention. Experts from the network would visit Head Start centers regularly to provide on-site training for

Head Start staff. In addition, the network would monitor the centers to make sure that they meet nationally established Head Start criteria for quality. Regional Head Start offices currently do not have the expertise, resources or staff to carry out the newly proposed triennial reviews of all Head Start grantees. These reviews are an excellent idea. If the colleges and universities who provide on-site training to Head Start centers also perform the 3-year reviews, then the reviews will function not as a punitive process but rather as a collaboration over time to achieve the goal of quality.

In addition to good salaries, benefits and training for Head Start workers, I want to emphasize the importance of parental involvement to the success of Head Start. Research on early intervention programs for children suggests strongly that helping parents learn about their children's developmental needs--and helping parents find their way to health care, social services, employment and further education--contribute significantly to the long-term welfare of the child in school and in society. It seems that when parents become involved in their children's early education and are in turn helped with their own pressing problems, they gain a sense of control in their lives and become better socializers of their children for years to come. These parent support activities are all part of Head Start's multi-faceted program and are vital to its success. They should be maintained and even enriched.

An often unnoted aspect of Head Start is its role in innovation. Throughout its 25-year history, Head Start has served as a national laboratory for testing models of early intervention with disadvantaged children. Variations on Head Start's basic program have been tried, as have approaches that fall beyond Head Start's basic domain. Many of these experiments have resulted in valuable programs such as Education for Parenthood, introduced into 3,000 schools; the Child Development Associate program, with 30,000 certificates earned to date; Homestart; Healthstart; Parent and Child Centers; and the Child and Family Resource Program, which pioneered our nation's Family Support Movement. Most recently, Head Start has put into place a nationwide network of comprehensive child development centers. Senator Kennedy should be commended for his role in establishing these centers. Head Start should continue to serve as America's laboratory for early intervention, and monies should be allocated for this important function.

Twenty-five years ago, we hoped that one year of Head Start would "innoculate" children against the ravaging effects of poverty. Now we know that there are no magic periods. For early intervention to work well long term, children need appropriate nurturing and support in each stage of development. This is the way families function at their best: parents respond to the changing needs of their children.

Senator Kennedy's new bill to establish a Head Start Transition Program offers an excellent way to strengthen Head Start's contribution to the lives of disadvantaged children and their families. Head Start teachers and kindergarten teachers would actually meet so that the knowledge and understanding of individual children--their circumstances, their special needs and learning styles--gained in Head Start would not be lost. Best of all, the "Head Start mentality"--involving parents, offering health and social services to the family, and using a developmentally appropriate curriculum geared to the whole child--would be continued in the schools through the third grade.

Senator Kennedy's bill would only fund a number of small demonstration projects, but I am confident that careful evaluations will prove these projects effective in improving social competence and academic achievement among poor children. I also expect to see improvements in the social and economic circumstances of their families. It is high time for the public schools to learn the major lessons of Head Start: (1) that services to poor children must go beyond the purely educational and (2) that any program for the child must involve the entire family.

Once the Head Start approach is validated by the results of Senator Kennedy's demonstration projects, as I fully expect, then it is imperative to move this approach into the educational mainstream. We currently spend more than $4.7 billion in Chapter 1 funds for much the same purpose as Head Start: to counteract the adverse effects of poverty on children and schools, and to improve the education of low-achieving students. Schools generally use Chapter 1 money to provide special instruction in math and reading to eligible students. The studies we have on the effectiveness of Chapter 1--and they are few--show marginal results. It would make sense to me to set aside the ineffectual educational model on which Chapter 1 funds are usually spent and to adopt instead, on a large scale, the successful comprehensive approach of Head Start. We have an opportunity to redirect enormous funds, already in the federal budget, toward children and their families with the prospect of much better results. Such a major step forward is contingent upon the successful outcome of the demonstration projects proposed by Senator Kennedy in S. 2363.

The CHAIRMAN. I thank Dr. Brothers and Dr. Zigler very much for your testimony. I hope you will be able to stay with us here for the remainder of the hearing. We really appreciate it. Thank you.

Our next panel includes three individuals with personal experience in the Head Start program. First, we welcome Frances Collins, who is the chairperson of the Massachusetts Head Start Directors Association and director of Cambridge Head Start; second, Doreen Lopes, the mother of a former Head Start participant, who will tell us how Head Start could change the lives not only of children but their parents as well; finally, Stephen Davis, living proof that Head Start works. A participant in the first Head Start program 25 years ago, Stephen is today the director of the Cambridge Housing Authority's unemployment prevention program.

We are pleased to have all of you here with us.

We will start with Frances Collins. We welcome you. Would you be good enough to begin?

STATEMENTS OF FRANCES COLLINS, CHAIRPERSON, MASSACHUSETTS HEAD START DIRECTORS ASSOCIATION, CAMBRIDGE, MA; DOREEN LOPES, PARENT OF FORMER HEAD START STUDENT, EAST CAMBRIDGE, MA; AND STEPHEN DAVIS, FORMER HEAD START STUDENT, CAMBRIDGE, MA

Ms. COLLINS. Thank you. As the chairperson of the Mass. Head Start Directors Association and the director of Cambridge Head Start, it is indeed an honor and a pleasure to come before you with testimony regarding Head Start's reauthorization during Head Start's 25th anniversary.

Head Start began in 1965, 25 years ago, offering low-income children and their parents the opportunity to enrich their lives and break the cycle of poverty. Today, low-income families face enormous obstacles in regards to escaping the ravages of poverty. They live in neighborhoods marked by a disproportionate amount of alcoholism, drugs, and crime.

The challenges facing Head Start are greater than ever. However, with 25 years of solid experience behind us, we have learned a great deal. We know that Head Start is a model that works, offering hope and opportunity to America's neediest children and families.

Today I want to speak to you about the need to provide sufficient funding to expand Head Start to reach all eligible children and families and to support quality improvements in order that we can more effectively serve all low-income children and families.

Our call to expand Head Start and support quality improvements is echoed by the business community who are concerned about the skills of their future workers and who recognize that in order to be ready to learn in school low-income children must have the quality, comprehensive preschool programs.

Currently, nationwide only 1/5 of the income-eligible children can participate in Head Start. However, it should be recognized that in addition to the lack of services for the income-eligible population, some programs in Massachusetts and other States where the cost of living is extremely high, have families that are amongst the working poor, earning minimum or just above minimum wages.

These families can virtually find themselves homeless, yet not meet the income requirements making them eligible for Head Start. Serious consideration should be given to establishing income criteria based on the very cost of living across this Nation.

On the other hand, only 11 percent of the eligible children in Kentucky are currently served. Thirteen of the counties in Kentucky have no Head Start at all. And there are only four Head Start programs in the entire State of Colorado, and the largest serves fewer than 200 children.

We support Congressman Kildee's goal of expanding Head Start over the next 4 years, allowing every eligible child to participate.

While expanding the program size, the Federal Government must also invest an adequate share of the new resources in measures that will reinforce and support program quality. For many years, Head Start programs have been forced to operate with inadequate funding that does not reflect the true cost of effective, comprehensive programs. This low cost per child now threatens to undermine program quality and decrease the comprehensive services to at-risk preschool children and their families.

This inadequate funding of Head Start is impacting in the following areas of program operation:

One, the inability to pay decent, competitive salaries is making it increasingly difficult to recruit and retrain and retain trained, qualified staff. A 1988 study by the Administration for Children, Youth, and Families revealed that 47 percent of Head Start teachers earned less than $10,000 per year. Qualified staff are often forced to leave Head Start in order to meet the needs of their own families.

Frequent turnover make children wonder if they did something wrong, prompting their teachers to leave. In reality, the teacher needed a job paying enough to maintain her own family above the poverty level. And providing essential benefits, such as health insurance.

Two, a major reason that Head Start has been successful is largely due to the dedicated program coordinators who provide leadership and services to families who are the recipients of Head Start's comprehensive services. These coordinators make hundreds of phone calls and personal contacts, ensuring that children receive medical and dental services and that these services are provided at minimal cost to the program.

Coordinators see that children get new shoes when the family can't afford them, that families receive counseling when it's needed, that families receive clothing and furniture when they are tragically burned out of their homes, that parents are educated about appropriate care for their children with special needs and that parents develop their parenting skills.

Sufficient numbers of competent staff are essential for the delivery of the full range of comprehensive Head Start services. Unfortunately, limited funding has forced many Head Start programs to combine or eliminate these positions in order to reduce costs.

A recent analysis showed that 71 percent of Head Start programs nationwide had social service caseloads greater than 60 to 1; 17 percent of Head Start grantees lacked a full-time social service coordinator; 12 percent lacked a full-time health coordinator; and 18 percent lacked a full-time parent involvement coordinator.

Three, many Head Start programs have been forced to increase class size in order to reduce costs. Considering that Head Start classes include handicapped children, 13.3 percent during 1988, and children with other special needs, maintaining Head Start's traditional small class size is essential for program quality.

Four, limited funding has forced many programs to reduce or to eliminate transportation services for children and families. Without such services, Head Start children may be unable to participate. Additionally, limited funding for transportation sometimes force programs to postpone necessary maintenance or replacement of old and inadequate vehicles.

Five, many Head Start programs operate in facilities that were not designed for use by children. Unlike this beautiful facility that we sit here in, many Head Starts do not operate in facilities of this sort. These facilities may be inappropriate, inadequate, and in some instances even unsafe. Head Start programs often operate in buildings that have been discarded by other programs.

Head Start programs are often subject to the sudden loss of space. This is because Head Start does not own the facility and the owner needs this facility for their own purpose. Far too often, Head Start has invested a good deal of time, money, and energy to renovate a facility, only to lose it in a relatively short period of time.

Six, because limited funding, some programs have been forced to shorten their hours of service. Fewer hours per day, fewer days per year. Such reduction threatens to limit the impact of Head Start services and certainly reduce the program's comprehensive responsiveness to local needs.

Extended hours are needed. Full-year services are needed to provide for parents who are in training programs or working. The Family Support Act of 1988, which is now being implemented, impacts a large proportion of our children who are AFDC families, families who have children 3 years of age and older. These parents will go to work, will go into training programs, and will in fact need full-day, full-year programs.

Training: Appropriately trained staff are key indicators of program quality and are essential for the delivery of Head Start services. Research has shown that trained teaching staff are essential to high-quality early childhood programs. Training staff is costly, and the reality is that training funds and resources have not kept pace with program growth and inflation, and it has become increasingly difficult to maintain the high-quality level of services once integral to Head Start.

Other staff members in addition to teachers also need training. Head Start social service workers face families with increasingly complex problems, such as substance abuse, family violence, teen parents. Social service workers need ongoing training and support that enables them to meet the critical needs of today's Head Start families.

Overall, the problems confronting today's children and families are greater than ever before, and Head Start programs must have the resources and the staff to address those problems.

However, the low salaries in Head Start today will make it increasingly difficult to recruit and retain staff with the needed skills. Without specific initiatives to improve salaries, children who most need the comprehensive, high-quality preschool experience that Head Start can provide will suffer. The people who work for Head Start have never done so because of high wages, but they must be paid living wages. Because salaries are such a critical issue in Head Start today, we urge you to include a set-aside for salaries.

We are asking for $1.5 billion in additional funding for Head Start this year, with increases in each of the subsequent 3 years. Our goals are to:

One, ensure services to all eligible children for Head Start within the next 4 years; two, ensure a quality program for Head Start children and families; and, three, provide sufficient salaries and benefits to be able to recruit and retain quality staff.

We are looking to this committee to provide us with the funding to meet these goals. Thank you for your time and your consideration. [Applause.]

The CHAIRMAN. Thank you very much, Frances, for an excellent presentation, a very comprehensive one as well.

[The prepared statement of Ms. Collins follows:]

PREPARED STATEMENT OF FRANCES Y. COLLINS

It is indeed an honor and a pleasure to come before you with testimony regarding Head Start's reauthorization, during Head Start's twenty-fifth anniversary.

Head Start began in 1965, twenty five years ago, offering low income children and their parents the opportunity to enrich their lives and break the cycle of poverty. Today, low income families face enormous obstacles in regards to escaping the ravages of poverty. They live in neighborhoods marked by a disproportionate amount of alcoholism, drugs and crime. The challenges facing Head Start are greater than ever - However, with twenty five years of solid experience behind us, we have learned a great deal. We know that Head Start is a model that works, offering hope and opportunity to America's neediest children and families.

Today I want to speak with you about the need to provide sufficient funding to expand Head Start to reach all eligible children and families and to support quality improvements in order that we can more effectively serve all low income children and families. Our call to expand Head Start and support quality improvements is echoed by the business community who are concerned about the skills of their future workers and who recognize that in order to be ready to learn in school, low income young children must have quality comprehensive, preschool programs.

Currently nationwide, only one-fifth of the income eligible children can participate in Head Start. However, it should be recognized that in addition to the lack of services for the income eligible population, some programs in Massachusetts and other states where the cost of living is extremely high have families that are amongst the working poor, earning minimum or just above minimum wages. These families can virtually find themselves homeless, yet not meet the income requirements making them eligible for Head Start. Serious consideration should be given to establishing income criteria based on the varied cost of living across the nation.

On the other hand, only eleven percent of the eligible children in Kentucky are currently served. Thirteen of the counties in Kentucky have no Head Start at all and there are only four Head Start programs in the entire state of Colorado, and the largest serves fewer than 200 children. We support Congressman's Kildee's goal of expanding Head Start over the - next four years allowing every eligible child to participate.

Testimony of Frances Y. Collins

While expanding program's size, the federal government must also invest an adequate share of the new resources in measures that will reinforce and support program quality. For many years Head Start programs have been forced to operate with inadequate funding that does not reflect the true cost of effective comprehensive programs. This low cost-per-child now threatens to undermine program quality and decrease the comprehensive services to at-risk pre-school children and their families. This inadequate funding of Head Start is impacting in the following areas of program operation:

Salaries

The inability to pay decent competitive salaries is making it increasingly difficult to recruit and retain trained qualified staff. A 1988 study by the Administration for Children, Youth and Families revealed that 47% of Head Start teachers earned less than 10,000 per year. Qualified staff are often forced to leave Head Start in order to meet the needs of their own families. Frequent turnover make children wonder if they did something wrong prompting their teacher to leave. In reality the teacher needed a job paying enough to maintain her own family above the poverty level and providing essential benefits such as health insurance.

Adequate Staffing

A major reason Head Start has been successful is largely due to the dedicated program coordinators who provide leadership and services to families who are the recipients of Head Start's comprehensive services. These coordinators make hundreds of phone calls and personal contacts insuring that children receive medical and dental services and that these services are provided at minimal cost to the program. Coordinators see that children get new shoes when the family can't afford them, that families receive counseling when its needed, that families receive clothing and furniture when they are tragically burned out of their homes, that parents are educated about appropriate care for their children with special needs and that parents develop their parenting skills. Sufficient numbers of competent staff are essential for the delivery of the full range of comprehensive Head Start services. Unfortunately limited funding has forced many Head Start programs to combine or eliminate these positions in order to reduce costs. A recent analysis showed that 71% of Head Start programs nationwide had social service case loads greater than 60:1; 17% of Head Start grantees lacked a full-time Social Service Coordinator; 12% lacked a full-time Health Coordinator; 18% lacked a full-time parent involvement coordinator.

Class Size

Many Head Start programs have been forced to increase class size in order to reduce costs. Considering that Head Start classes include handicapped children (13.3% in 1988) and children with other special needs, maintaining Head Start's traditional small class size is essential for program qualtiy.

Transportation

Limited funding has forced many programs to reduce or eliminate transportation services for children and families. Without such services, children and families who most need Head Start may be unable to participate. Additionally, limited funding for transportation sometimes force programs to postpone necessary maintenance or replacement of old or inadequate vehicles.

Facilities

Many Head Start programs operate in facilities that were not designed for use by children. These facilities may be inappropriate, inadequate, and in some instances even unsafe. Head Start programs often operate in buildings that have been discarded by other programs. Head Start programs are often *subject to the sudden loss of space. This is because Head Start does not own the facility and the owner needs this facility for their own purpose. Far too often Head Start has invested a good deal of time, money and energy to renovate a facility, only to loose it in a relatively short period of time.*

Length of Service

Because of limited funding, some programs have been forced to shorten their hours of service (fewer hours per day, fewer days per year). Such reductions threaten to limit the impact of Head Start services and certainly reduce the program's responsiveness to local needs.

Training

Appropriably trained staff are key indicators of program quality and are essential for the delivery of Head Start services. Research has shown that trained teaching staff are essential to high quality early childhood programs. Training staff is costly and the reality is that training funds and resources have not kept pace with program growth and inflation and it has become increasingly difficult to maintain the high level training once integral to Head Start.

Staff members in addition to teachers also need training. Head Start Social Service Workers face families with increasingly complex problems such as substance abuse, family violence ,teen parents. Social Service Workers need on going training and support that enables them to meet the critical needs of todays Head Start families.

Overall, the problems confronting today's children and families are greater than ever before, and Head Start programs must have the resources and staff to address those problems. However, the low salaries in Head Start today will make it increasingly difficult to recruit and retain staff with the needed skills. Without specific initiatives to improve salaries, children who most need the comprehensive, high-quality preschool experience that Head Start can provide will suffer. The people who work for Head Start have never done so because of the high wages, but they must be paid living wages. Because salaries are such a critical issue in Head Start today, we urge you to include a "set-aside" for salaries.

Testimony of Frances Y. Collins

We are asking for 1.5 billion dollars in additional funding for Head Start this year with increases in each of the subsequent three years. Our goals are to 1) ensure services to all children eligible for Head Start within the next four years, 2) insure a quality program for Head Start children and families, and 3) provide sufficient salaries and benefits to be able to recruit and retain quality staff. We are looking to this committee to provide us with the funding to meet these goals. Thank you for your time and consideration.

A FOLLOW-UP STUDY OF HEAD START'S ROLE IN THE LIVES OF CHILDREN AND FAMILIES

INTERIM REPORT

Introduction

The goal of the Head Start Research Cooperative Panel is to direct a new course for research on Head Start. In the fall of 1987, eleven Head Start agencies formed a cooperative panel to initiate research directions and conduct studies to further our knowledge of Head Start's contributions to the betterment of children and families living in poverty. This innovative, grassroots approach to research put Head Start directors at the helm to set forth what needs to be studied to clarify and further develop the role of Head Start in American society.

Working with researchers from High/Scope Educational Research Foundation of Ypsilanti, Michigan, who provided the technical assistance, the Panel designed and conducted two major research studies in 1988 and 1989. The High/Scope Educational Research Foundation has been a national and international leader in early childhood education program development, teacher training, and research since 1970.

The two major research projects thus far conducted by the Panel are (1) a qualitative follow-up study of former Head Start graduates and their families and (2) a national survey of child care use and needs of families of four-year-old children. Both studies will provide major sources of information for Head Start and for the field of early childhood education. The experience of developing and conducting research has also served to further the leadership development of the Head Start Panel members. In conducting the research in their communities, the Panel members enhanced their local leadership roles as they worked with public school staff, communicated with the members of the media, and met with community review groups and chief executives from various community agencies. When the research findings are finalized, the Panel members will assume further leadership roles as they disseminate the findings in publications and presentations at state and national levels.

The Panel comprises 11 Head Start agency directors and members of their staffs. The more urban areas include Chicago, Columbus (Ohio), Kansas City, Miami, Pittsburgh, Phoenix, and Seattle. Smaller cities, towns, or rural areas include Dayton, Ohio; Hudson Falls, New York; Lowell, Massachusetts, and Levelland, Texas. (See Appendix A.) Outstanding agencies and directors were selected based on the recommendations of the Head Start Bureau Office of Human Development Services and their regional offices and High/Scope.

Each Head Start Panel agency represents one of the 11 research sites. The sites represent regions across the nation, including large metropolitan areas, smaller urban areas, and more rural towns. The range of racial-cultural groups represented includes low-income whites, blacks, Hispanics, American Indians, and Asian Americans. Research consultation was provided by Allen Smith, the Project Officer from the Head Start Bureau, Administration for Children, Youth, and Families (Office of Human Development Services), which funded the project. As indicated, the High/Scope Educational Research Foundation provided the research technical assistance to the Panel with Sherri Oden as Project Director and Julie Ricks as Research Assistant. David Weikart, President of High/Scope Foundation, and Jenni Klein, Consultant to High/Scope, served as advisors to the Panel for this project.

Who can better tell the story of Head Start than those directly affected by Head Start?

This question became the foundation upon which the Panel members developed a research plan to collect data for approximately 130 case studies of Head Start graduates and their families. The data depict accounts of their involvement in Head Start and their evaluations of Head Start's influence in their lives. This interim report focuses on the first study of the Panel, *A Follow-up Study of Head Start's Role in the Lives of Children and Families*. The data collection is now completed and compiled, and the analysis is being finalized. This interim report summarizes the research and the major patterns of the data. As its first project, the Panel members sought to develop a picture of how Head Start was viewed by the very people it served, the children and the families. The research also examined external perspectives from the students' current teachers and from school administrators and community leaders.

Head Start Research and the Importance of a Qualitative Approach

The *1969 Westinghouse Report* was controversial for its methodology and its finding that Head Start graduates had only marginal gains that lasted into the early years of school. Later analyses of this data showed that general readiness for school and achievement in the early school grades was greater for children who had attended Head Start. Still, according to a number of studies of Head Start and similar preschool programs with low-income children, the gains in achievement and intelligence test scores per se tend not to be maintained into later elementary school years (Consortium for Longitudinal Studies, 1983). Few studies have been long term and few have examined other outcomes.

In the *Perry Longitudinal Preschool Study* (Berrueta-Clement et al., 1984), which included a curriculum for low-income children often modeled in Head Start programs, the most lasting impact was in the social adjustment and motivational areas. The former preschool students at age 19 were compared to the original randomly selected control group and found to have persisted in getting more education and/or employment or military service.

Fewer former preschoolers used welfare, and they were more economically independent.

The recent 1985 *Head Start Evaluation, Synthesis, and Utilization Project* (McKey et al., 1985) conducted a meta-analysis of a large number of Head Start studies and found that Head Start's more lasting impact was evident in assessment indicators other than achievement or intelligence test scores. Specifically, they found less grade retention for Head Start graduates, compared to non-Head Start children, and less assignment to special education classes, also a finding of the above mentioned Perry Preschool study.

In studies of "model" programs, often employed in Head Start programs, there is also considerable evidence of this same pattern of findings. (See Schweinhart & Weikart, 1986 for a review.) In addition, McKey et al. found that Head Start provided important help to families under stress and made valuable contributions to the community, although these are less examined areas in research about Head Start.

Much of the research on Head Start has been outcome oriented, e.g., gains in I.Q. or achievement scores into elementary school. There has been insufficient description and understanding of the processes in the Head Start program that yield the sort of impact discussed in the above findings. More knowledge is needed of the ways in which the program can better meet the long-term needs of the children and families. More research should focus on additional outcomes and long-term effects of Head Start as in the Perry Preschool study.

The major components required nationally of Head Start programs include the following: an early childhood education curriculum; provisions for the special needs of children; provisions for parent involvement; social services and health services to the children and families; and activities for family and community participation. Process-oriented research approaches are needed to more fully understand the processes involved in the major roles that this multifaceted preschool program plays and to provide the Head Start program managers with insight for further program development. Data are also needed from the perspective of those served. This information would be of use, not only to the further development of Head Start as a national program, but also for better defining the long-term educational needs of low-income children and families in the elementary and secondary school years.

Recent debates in educational psychology research have centered on the need to create a balance between quantitative and qualitative approaches even for product-oriented studies. The present research of the Panel was designed to be qualitative in order to increase our descriptive data base on the processes involved in the roles of Head Start from both the perspectives of Head Start students and their families. This kind of data can be readily disseminated to educators, policymakers, and the general public.

To address the above research aims, the members of the Panel decided to focus on three groups of Head Start graduates currently in the first, fourth, or tenth grades in school. The study would examine their current school progress and the role Head Start played in their lives, and in their families, both at the time of Head Start and into the present. Former Head Start children, parents, and current school teachers were interviewed to determine their perspectives, evaluations, and experiences regarding Head Start. The data from these interviews are now being used for analyses and for the development of a case study narrative data archive.

The major research questions developed by the Panel for the research follow:

- What have been the life experiences and patterns of children and families from Head Start?
- In what ways have the experiences of Head Start played a role or made a contribution to the lives of children and families?
- How do aspects of programs (e.g., health, educational curriculum, parent training, support services to families, community service linkages) affect families, according to their perspectives?
- How well do Head Start graduates adjust in the transition to kindergarten and first grade?
- As children progress beyond the early school grades, what lasting effects of Head Start can be discerned in social adjustment and academic progress?
- What are people's perceptions of Head Start's impact and limitations?

Research Method

Subjects

Subjects were 132 Head Start graduates, including 44 current first-graders, 44 fourth-graders, and 44 tenth-graders. The families of three tenth-graders, two from Chicago and one from Dayton, were unable to cooperate with following through with the interviews and alternates from these sites were also unavailable. However, three alternates were included from comparable Panel sites.

Case studies about the former students were developed from interviews conducted by independent interviewers (not connected with Head Start) who separately interviewed former Head Start children, their parents, and their current school teachers. At each of the 11 sites, 4 Head Start graduates, 2 males and 2 females, at each of three grade levels (i.e., current first, fourth, and tenth grades) were randomly selected by researchers from High/Scope from lists provided by teachers from schools in which many former Head Start students are enrolled. Approximately 41% of the subjects were black, 41% white, 15% Hispanic, and 3% Asian American. The sample is representative of Head Start generally, but it was not designed to be a statistical random sample.

A random subject selection approach was used for each site. The selection was conducted by blocking on gender and type of school progress with the result that at each grade level one male and one female currently reported to be progressing well in school and one male and one female currently reported to be having some difficulties were included for each site. The overall design thus included former Head Start students, 11 males and 11 females who were progressing well in school and 11 males and 11 females who were not progressing well in each of the three grade levels, first, fourth, and tenth grades. The intention was to build in a contrast with a range in current school progress to allow for later examination of background factors and Head Start experiences that may be related to the current school progress of the students.

Instruments

Separate interview instruments were developed by the Panel and High/Scope for the interviews with the parent(s), the child (including a separate interview for the tenth-graders), and the current teacher. The interviews were conducted by independent interviewers. The interview questions were aimed at gathering descriptions of the lives of the Head Start children and families at the time of Head Start and currently, their assessment of Head Start's effectiveness and lasting impact, and the teacher's description of the student's school progress. School records data were also collected.

Staff from each Head Start agency also completed a questionnaire about the program that the study subjects had attended. To check on the validity of the interpretations of the case study data base, a common format was used by the Head Start Panel members and staff in conducting meetings with community groups and educators to discuss their interpretations of a random selection of completed anonymous case study samples. Head Start Panel members and staff also conducted open-ended interviews with community leaders (e.g., school superintendents, social service directors) to explore their perspectives on the role of Head Start in the community.

Data Coding and Analysis

A coding system was developed by High/Scope for systematic compiling and mapping of the data from the child (or youth), parent, and teacher interviews, and the school records. The treatment of the data included validity and reliability procedures for reviewing the audio tapes and making corrections as needed for accuracy of meaning and completeness of the written record. Based on the major research questions that were the foundation of the interview questions, 49 final questions were developed to serve as protocol questions and entered into a standard computer word processing program. In response to this defined set of questions, the High/Scope research coders were trained to independently record all responses from all interviews by entering them into the computer under the appropriate protocol question. (See Appendix B.) Each response was also coded to indicate the specific interview and question to which the response was originally given. In transposing the responses from the interviews, the research coders employed the interviewee language in paraphrase or quotation, according to a specified procedure.

The average percentage of information accuracy for coders was approximately 95%. The range of percentage of agreement between any two coders working independently on the same cases for responses transferred with respect to the protocol questions was 80% to 95% for completeness and protocol placement. The protocol responses are now being edited into a consistent narrative format to serve as a case study data archive.

The resulting data are rich in quotes as well as illustrations of Head Start's role and should provide a fertile resource for reports at various levels. The main audiences for this information include researchers, Head Start and public school educators, other human service agency leaders, policymakers at the local, state, and national levels, and the general public. This case study data will also be a resource for the Panel to identify further research directions. These case study narratives will also be useful to the Panel for promoting further discussions with teachers from the school system, human service agency personnel, and others for the purpose of enhancing communication and collaboration efforts.

Panel members have reported that their initial community review group discussions with parents, teachers, and other community members were very animated, thoughtful, and provided an impetus for changes. For example, in one community, the principal from the school decided that there should be greater availability of information about children's Head Start experience provided to teachers beyond the kindergarten year. A procedure was worked out to include the Head Start report in the student's elementary school file.

Overview of Data Analysis

The sources of data to be examined in this research include the following:

(1) case studies including school records;

(2) quantitative data from interviews (ratings, categorical data);

(3) interviews from community leaders;

(4) records from community meetings where case studies were reviewed;

(5) detailed program profile of each Head Start program and staff.

The protocols for the case studies are now completed for all cases and these data are being used by the High/Scope researchers for the analyses of primary and secondary patterns of responses for the group as a whole and for subgroups.

As indicated, the protocol data are also being edited into a highly readable narrative format to serve as a case study archive for further analysis by the Panel and community review groups and other interested researchers. Fictitious names are used and any potentially identifying aspects of family description are changed, such as place of work, to ensure confidentiality.

In the final analyses, we will be comparing several subgroups: males versus females; first, fourth, and tenth grades; high versus low parental participation in Head Start and the schools; parents with high versus low expectations for their child's achievement; and students with higher versus lower school progress.

We are also currently conducting a quantitative coding of the parent, teacher, and child interview data including the data from the rating scales used to assess the degree of parent involvement, current school progress, and other factors. In the analyses of this quantitative data we will utilize descriptive statistics to examine how Head Start helped families in different circumstances and with differing degrees and types of Head Start experience. We will also compare children of varying school progress to explore potentially related factors such as parent involvement in Head Start and in the schools, parent expectations for their children's achievement, parent changes since Head Start, and past and current socioeconomic indicators.

Interim Results

The present stage of the analyses yielded major patterns for the case studies and these patterns will be summarized in this section of the interim report. In addition to our analyses of the protocol data, which we used to determine the major patterns, we have also examined the community review meetings data. The standardized recording forms regarding the meetings, which were filled out by a Head Start staff member from each site, yielded descriptions and summaries of the discussions. The responses from the community leaders interviews were also examined. In total, the data from parents, students, current teachers, community review groups, and community leaders were examined to determine convergent validity and areas of consensus and divergence.

The community leaders included public educators, mostly superintendents and other high-level school administrators, social service executive directors, health department executive directors and health agency directors and other community leaders such as a city council member, 2 ministers, and a judge. In total, 38 community leaders were asked to describe and discuss Head Start's impact on children and families including contributions, problems, and limitations of Head Start, and ways to further enhance its contribution and coordination with other agencies.

The convergence between the majority of the case study data derived from the first-, fourth-, and tenth-grade Head Start graduates, their families and teachers, the data from the community leader interviews, and the responses to the community review meetings provide a strong consensus about the nature of Head Start's role in the lives of children and families. For this report, we are presenting the descriptions of the patterns taken from the first- and fourth-grade cases. The patterns for the tenth grade are highly similar, but illustrations and any patterns specific to the tenth-grade data will be presented in the final report.

Included in this interim report, therefore, are the primary and secondary perspectives of the parents, children, teachers, and community leaders. Their responses illustrate the processes involved in Head Start's contributions. The data from the community review meetings revealed a consensus with the overall data bases, but also went beyond it into interpretations and implications for action. A second round of meetings will be conducted to present a draft of the final report to gain their feedback and interpretations of the research and its implications for Head Start. Their views will then be included in the final report.

In what ways then do they think Head Start played a role in their lives, had an impact, or left an impression?

Four major patterns that emerge from the data will now be briefly discussed along with secondary patterns and some examples from the case studies and the other data sources.

(1) Supporting and nurturing children. Head Start is viewed as providing broad, enriching activities and experiences.

As she thought back on it, Rosa's mother said:

> Head Start is great. . . . They were like second parents to the children. It's fun the way they teach the kids. . . . It was a beginning of a new life for our kids.

In addition to the preschool classroom activities, the field trips were especially remembered and valued by both children and parents. In general, the impression generated is that parents really appreciated the kind of help which was provided. In many cases Head Start appears to be the only source of external support and nurturance for a family or a mother. It would be interesting to compare this affective factor for Head Start with that received from other institutions in low-income communities. From the data, it would appear that Head Start is in the strongest position to maximize an impact on the families.

(2) Readiness for school. Children's readiness for school appears to be well facilitated by Head Start in learning readiness and especially social adjustment. Parents and teachers and community leaders felt Head Start gave children appropriate kinds of classroom experience and positive enhancement of their motivation and desire for learning and achievement. For example, Julian's mother feels that Head Start is " . . . a good deal. They gave the children a head start on kindergarten and first grade." Julian's older brother did not go to Head Start and did not know how to read very well and has had problems in school. According to Julian's mother, the Head Start teacher

> ...really did a lot for him. He was learning because he'd come home from Head Start with different things he learned. Everything was new to him and it was exciting...I liked Head Start because they could teach him things I couldn't teach him here at home. He also learned to communicate with other children and to do things on his own.

According to school records, Julian, first-grader, has held 80-95% averages in first grade. The teacher said that he's doing very well. The teacher says, "I am very pleased. He scored above grade level in two standardized tests recently."

Although Julian is in the top range of the students in this study, the majority of the students made satisfactory progress in kindergarten. We selected students with a range of academic progress in current grades, and we are currently examining whether any relationship exists between the children's and/or parents' Head Start experience and the students' later difficulty or success in school.

For the first- and fourth-graders, the teachers indicated that the majority of the students who were having academic difficulties as well as those students who were not having academic difficulties were motivated and persistent in learning, even in the areas of difficulty. The majority of the students' social adjustment was viewed as typically average to above average. A small number of cases were found with more serious behavior problems, and these are being further examined. Teachers felt confident that Head Start provided a strong readiness in the social and motivational readiness areas. These are likely to be important to students' persistence in not dropping out of high school and toward gaining further education, training, and employment.

(3) Providing direct services to children and families. The provision of direct services to families is especially evident in the areas of health and nutrition--providing immunizations, vision and hearing screening, and physical exams as well as special needs referrals. Nearly every parent was very positive about the health and nutrition. Nearly every child now regularly sees the doctor and dentist for checkups.

Most of the children who had special therapy for a physical problem, such as a speech problem, did not continue to need therapy in elementary school. Many parents said the nutrition program resulted in their changing their food purchases and cooking for greater nutrition.

(4) Parental involvement and empowerment. It is clear that the parent involvement component of Head Start is a very positive one. In Head Start, Angela's mother, who also worked in a part-time job, attended parent meetings, got involved in all the special events and served on policy council. She also made friends with parents, some of whom she still sees. As Emily's mother put it, "the parent meetings were like a support group." Jo Anne's mother (Jo is in fourth grade) said:

> ...the parent involvement makes parents more aware of their child's ability to learn at such an early stage. Head Start believes in a lot of parent-child participation and activities and functions. Head Start also made me more aware of what you can do as a group. We formed committees. It built my confidence. It gave us some *clout*.

Almost all the parents interviewed felt that the staff was adequately to well qualified and that they communicated very well with the teachers and staff. The level of comfort, receptivity, and support for parents provided by the communication and the activities was very solidly praised by nearly every parent. In contrast, many parents are not at all involved in the schools today, according to them and according to the teachers. Many teachers complained about what they interpreted as a lack of interest and involvement in the child's progress and difficulties.

Although many parents are involved currently in their child's school, there appears to be fewer levels and types of opportunities for their participation in school than there was in Head Start. There seems not to be many offerings for the parents themselves such as workshops. From *workshops* and *parent involvement* in Head Start, many parents felt a lasting impact in one or more ways including seeking jobs, furthering education, helping them with their childrearing approach, improving their health and nutrition and their general outlook.

Some parents held high expectations of their children, e.g., lawyer, doctor, and so forth. These parents' expectations seemed largely built on the strong, positive school progress of their children. In general, the majority of parents expected their child to complete high school, get a job, and maybe some college and or advanced training. Many parents mentioned that they would like to see their child get a college degree. Interestingly, children's responses indicated that they were well aware of their parents expectations.

Illustrations of Specific Influences from the Parents' Perspectives

The parents' interview data is the most illustrative of the ways in which Head Start influenced the lives of the children and families. To gain a more complete picture of the ways that Head Start influenced and empowered the children and families, see Appendix C. Included in the appendix are many quotes and the primary and secondary influences and effects from Head Start as stated by the parents. These data are presented in reference to ten of the protocol questions used to compile the data.

The parent data are especially compelling in illustrating how effective Head Start is in empowering parents. It is clear from the data that parents perceived a sense of belonging during their Head Start experiences. Through their participation in Head Start and from their communications with Head Start staff, the parents appeared to feel that they belonged when they were at Head Start and that Head Start belonged to them. Thus we get a picture of Head Start as a forceful and effective institution in low-income communities where families often feel segregated and alienated from society and from the educational and service institutions that provide help and opportunities for overcoming poverty and its trappings.

Further Head Start Program Development

At this point in the data analysis, no major problems about Head Start emerged from the parents' interviews even though the questions included considerable opportunity for problems to be revealed. Since the interviewers were independent of Head Start, this can be taken as a strong indication of their approval of Head Start. A number of areas were indicated to further enhance Head Start's impact.

One area for further development is to increase the communication between Head Start and public school teachers. Nearly all of the first- and fourth-grade elementary teachers were unaware of their students' Head Start experience. Records from Head Start did not typically get into the student's school file or were not checked. This is just one example of the clear need for better communication between the teachers and Head Start. Better communication between Head Start teachers and teachers at various levels in the elementary school would seem to be mutually beneficial in curriculum planning, parent involvement, and transition to school to enhance the lasting effects of the early gains.

Expanding Head Start to a full day and providing Head Start for all eligible families were mentioned as needs by parents and by community leaders. The community leaders also recommended greater coordination and collaboration with Head Start and other agencies, including social service and day care. Some leaders also pointed to a need for better physical facilities, more in-service teacher training for continued enhancement for the curriculum, and increasing staff salaries and benefits.

It is clear from our analysis thus far that the case study data provide a rich base for identifying the contributions of Head Start to the lives of children and families and the way these are accomplished. It is also an additional source of new questions for further research investigations and program development. Analyses of the tenth-grade cases will give a long-term look at the progress and problems of Head Start graduates.

The final analyses will include various subgroupings of the children and families and should shed more light on the reasons why some children from Head Start progress well in school while others have increasing difficulties. In the final report, we will include percentages of the occurrences of the major and secondary patterns of the kinds of Head Start effects and influences across all cases and within subgroups.

We expect that the further analyses that we are beginning with subgroups (e.g., parents with varying degrees of involvement with Head Start activities) will reveal the different kinds of needs that may indicate areas for Head Start program development. Similarly, with regard to the parents, we will be concerned with their own progress in education and employment and whether this relates to the children's progress in school. The quantitative analyses we are conducting will enable us to provide some further descriptive statistics for the case study data.

Summary of Key Results to Date

The results to date indicate a strong impact on the children's general social and behavioral readiness for kindergarten and elementary school and long-term motivation for learning. Long-term effects were found for the parents and children in obtaining regular health care. Children with physical handicaps were aided by Head Start's early intervention either by overcoming a problem (e.g., speech problem) or lessening the difficulty.

Parents felt very positively about the frequent and consistent encouragement and support provided by the Head Start staff for the children and for them. Children remembered the teachers and the experience very positively. The opportunities for field trips and other types of educational stimulation were especially important to the children and parents who often participated in these events. From workshops and other participation, the majority of parents indicated that Head Start had a direct, lasting influence on them in one or more ways, e.g., in improved health and nutrition, or obtaining further education or employment, or in improving their childrearing approaches, or in coping with family crises.

The current communication between the parents and school teachers appears to be markedly less comfortable and positive than between the parent and Head Start teachers and staff. Both current school teachers and parents indicated the present lack of communication.

Teachers reported that the majority of the students are working hard, are moderately to highly motivated and task persistent, even when trying to overcome learning difficulties. Further study of the data will be conducted to ascertain the factors related to differences in students' current school progress.

Specific Objectives of the Final Report

The final overall report will include more detailed illustrations and quotations from the cases, the comparative analyses of the subgroups, full cases featured as prototypes of the differential impact of Head Start on children and families, and summary descriptive statistics. Directions for further research and program development will be proposed. The interviews, procedures for the data analysis, and the case study narratives will be provided in the appendices.

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APPENDIX A

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APPENDIX B

8/17/89

Case Study Protocol Questions to Be Addressed

Name: ***Gender*** (P cov): ***Age of Child/Youth*** (P cov) (PR1, PR3):

Grade (C2, T1) (PR 30): ***Head Start Year*** (P cov) (PR1):

Type of Program:___*Half Day*____*Full Day*____*Home Start*____*Other* (P cov) (PR12)

Ethnic Background (P42-43, Y9) (PR1):
Child: Parents (other):

Languages (P78, P114-115, Y11-12) (PR1,PR3):
Child: In Household:

Parent Interviewed: Mother ( ) Father ( ) Other ( ):

Ages of Siblings (P cov, P38 / P107-108, C24, Y64-67) (PR1, PR3):
Then:
Now:

Birth Order of Study Child (P cov) (PR1):

Other Siblings in Head Start/Head Start Year (P cov) (PR12):

Household members (include children of youths & whether or not they live in household) (P cov, P38 / P107-108, C24, Y64-67) (PR1, PR3):
Then: Now:

Household dwelling (P36 / P105) (PR1, PR3):
Then: Now:

Education Levels of Household Members (Including parent not in household):
(P49 / P124) (PR1, PR3)
Mother - Then: Now:

Father - Then: Now:

Other fam. members - Then: Now:

Employment of Household Members (Including parent not in household):
(P51 / P121) (PR1, PR3)

Mother - Then: Now:

Father - Then: Now:

Other fam. members - Then: Now:

Public Assistance/Outside Economic Support (P53-55 / P122, Y71-72) (PR1, PR3):
Then: Now:

Current Health Practices/frequency (P53-55 / P117-120, Y721-72) (PR1, PR3):
Child - Doctor: Dentist:
Parent- Doctor: Dentist:

General Picture of the Family Then and Now

1. What was the living situation like in the family at the time the child/ youth was in Head Start, including size and composition of family household, type of household, health of family members, household economic situation, including employment of household members and other resources or lack of economic resources?

(REMINDER: Include ages of study child and siblings then, study child's Head Start year, ethnic background, languages other than or in addition to English)

2. What was life like in the family at the time the child/youth was in Head Start, including patterns of parental roles or styles of child-rearing, activities and interests, family interaction patterns, and any special events, crises, or problems at that time?

3. What is the family life like now in reference to the above factors? Any comments on changes in the family, or problems overcome, or remaining, if noted?

(REMINDER: Include ages of study child and siblings now, and any changes in languages, etc.)

4. Are there any family members who have been of particular influence, or with whom the child/youth has or has had a special relationship or attachment? Describe the kind of influence or relationship.

5. Is there anyone who has been of particular influence, or with whom the parent(s) or other family members has or has had a special relationship or attachment? Describe the kind of influence or relationship.

6. Any particular future expectations or goals mentioned for the family in general or for any particular family members?

General Picture of the Child Then and Now

7. What kind of personality, including temperament, general impression, social behavior, self-concept, or activities and interests, etc. did the child seem to have at the time of Head Start?

8. What is he like now, including relevant comments about change and/or current problems?

9. Any comments or descriptions of problems overcome (e.g. shyness, getting into fights, etc.)?

Parent's Perspective of Head Start

10. What kinds of general impressions does parent have about Head Start, including the experience, the program, the personnel, etc.? Any specific examples?
(REMINDER: Include type of Head Start program noted on Pcov)

11. Parent's comments, if any, about contributions of Head Start to child's health and/or nutrition?

12. What is parent's assessment of child's social/behavioral learning and development during Head Start? Any specific examples?

13. What is parent's assessment of child's learning and development (e.g. language, memory, pre-reading, etc.) during Head Start? Any specific examples?

14. What is parent's assessment of child's readiness for school?

15. How knowledgeable or aware of Head Start does the parent seem to be?

16. How involved in Head Start was the parent? In what ways?

17. Is the parent involved in school activities now? Any mention of Head Start's impact on parent's attitude toward school because of Head Start?

18. Any comments about Head Start's limitations, areas it could have helped more or did not help at all?

19. Because of Head Start, did parent make changes in attitude, short-term or long-term, about child-rearing, toward child/youth either in general and/or specifically toward child's learning and development?

20. Any other mention of more lasting impact of Head Start on child or parent or family member?

Child's Perspective of Head Start

21. What does the child/youth remember about Head Start? About the teacher(s)? Any specific comments child made about how he felt or what he thought of the Head Start experience?

22. From parent perspective, any mention of child's attitude or receptivity toward Head Start? Any specific comments parent or teacher made about how child felt about Head Start?

Teacher's Perspective of Head Start

23. How knowledgeable does the teacher appear to be about Head Start's purpose, program, personnel in general?

24. What is the teacher's general impression of Head Start's impact on children?

25. How knowledgeable does the teacher appear to be about this child's Head Start experience, if at all?

26. What is the teacher's general impression of this Head Start's impact on this child?

27. Any other comments about Head Start?

Current and Past School Progress

28. What is the child's current grade in school (and/or special type of class)?
(REMINDER: Include information from C1-2, C4-5 here)

29. Has the child/youth changed schools due to moving or other reasons? How many schools attended in elementary years? In junior high or middle school years? In high school?

30. If a youth, what type of school program is he/she taking, e.g. academic, pre-college, technical, business, etc.?

31. Does the child/youth now or did the child previously have any special needs, including physical, emotional, or learning? Were they diagnosed?

32. Has the child/youth ever received any special programs, classes, or other services?

33. Has the child/youth had any suspensions, been expelled, or transferred because of behavioral problem or other difficulties? Why and when?

34. Has the child/youth ever shown any pattern of difficulty in attendance? When and why, if known?

35. Has the child/youth ever been retained a grade or accelerated a grade, when and why?

36. What have the child's/youth's grades been like, now and in the past?
(REMINDER: In addition to information from parent, child and teacher interviews, include information from school records including pattern of grades, teacher comments.)

37. How does child's/youth's academic progress compare to grade level? To classmates?
(REMINDER: Include information from P87-89 and T15 scale, items 1-6 & 13)

38. What learning difficulties, if any, does the child have? Any special areas of academic learning, e.g. reading, etc.?

39. Any academic areas or other school areas that he really likes, or seems to be making the most progess?

40. How has his/her social/behavioral adjustment to school or classroom routines been?

41. How well does he/she get along with peers?

42. Does he show any particular tendency toward either peer conformity or leadership?

43. Has he/she achieved any distinctions in or out of school ever such as awards, special recognition, elected to an office, etc.? Which and when?

44 a. What is the teacher's view of parental interest and support of child's schoolwork, achievement, etc.?

b. Any mention from parent about their interest in and support of their child's schoolwork, achievement, etc.?

c. Any mention from child about their parent(s) or other family member's interest in and support of child's schoolwork, achievement, etc.?

45. How well motivated is the child/youth toward learning and achievement?
(REMINDER: Include information from T15 scale, items 7-12)

46. Anything in particular which the parent or teacher or child/youth thinks might have been helpful toward improving the child's/youth's progress in school?

Goals and Future Expectations for Child

47. What are the child's goals,hopes or expectations for the future?

48. What are the parent's general expectations for child's achievement and future goals? Any specific goals mentioned?

49. What are the teacher's general expectations for child's achievement and future goals? Any specific goals mentioned?

APPENDIX C

Major Parent Perspectives from the Case Studies

(1) WHAT KINDS OF GENERAL VIEWS DO PARENTS HAVE ABOUT HEAD START'S CONTRIBUTIONS?

Rosa's mother:

> *"Head Start is great. . . . They were like second parents to the children. It's fun the way they teach the kids. . . . It was a beginning of a new life for our kids. Head Start provided help with an attitude of helpfulness."*

- Parents thought that Head Start provided broad, enriching activities and experiences.

- Parents liked the impact Head Start had on their children, particularly: growth and development, kindergarten readiness, and social development.

- Most parents liked being involved with Head Start staff and many liked being involved with other parents.

- Nearly every parent felt that the Head Start staff was adequately to well qualified and that they communicated very well with them.

(2) DO PARENTS THINK THAT HEAD START MADE CONTRIBUTIONS TO THEIR CHILDREN'S HEALTH AND/OR NUTRITION?

Sam's Mother:

"They provide healthy meals for the kids."

Mickey's mother:

"Head Start taught Mickey which foods were good for him. They made him try nutritious food such as broccoli and he liked it! Now we plant it in our garden."

- Nearly every parent was very positive about the health and nutrition.

- Nearly every child now regularly visits the doctor and dentist for checkups.

- Many parents said the nutrition program resulted in their changing their food purchases and cooking for greater nutrition.

(3) WHAT ARE PARENTS' ASSESSMENTS OF CHILD'S SOCIAL/BEHAVIORAL LEARNING AND DEVELOPMENT DURING HEAD START?

George's grandmother:

> *"He started out being shy, but at Head Start he just opened up... and he learned how to be responsible."*

Julie's mother:

> *"Head Start helped with her self esteem and confidence. She learned how to communicate better with others."*

Mickey's mother:

> *"Mickey learned to share more and to relax and not get upset about things."*

- Parents say children learned to play and get along with others.
- Many parents feel their children were shy and quiet when they began Head Start, but the children learned to become more outgoing.
- Parents feel children became more independent.

(4) WHAT ARE PARENTS' ASSESSMENTS OF CHILD'S LEARNING AND DEVELOPMENT (E.G. LANGUAGE, MEMORY, PRE-READING, ETC.) DURING HEAD START?

Filipe's mother:

> *"He learned English very quickly at Head Start and learned to enjoy talking. The staff helped him to learn the language."*

Sara's mother:

> *"They helped with her thinking skills. It taught her to think before answering, without just guessing."*

Jamey's mother:

> *"He learned how to print his name and letters and numbers. They learned colors. It teaches them to stop, think, listen, concentrate."*

- Most parents felt that Head Start helped the children to learn their "ABCs", their "numbers" and to begin handwriting and reading.
- Most parents felt that their children learned to concentrate better, listen to the teacher, and many mentioned that they learned to solve problems at Head Start.
- Many parents indicated that Head Start helped their children in overall language development.

(5) WHAT ARE PARENTS' ASSESSMENTS OF THEIR CHILDREN'S READINESS FOR SCHOOL?

Julian's mother feels that Head Start is:

> *"... a good deal. They gave the children a head start on kindergarten and first grade." Julian's older brother did not go to Head Start and did not know how to read very well and has had behavior problems in school."*

According to Julian's mother, the Head Start teacher:

> *"...really did a lot for him. He was learning because he'd come home from Head Start with different things he learned. Everything was new to him and it was exciting...I liked Head Start because they could teach him things I couldn't teach him here at home. He also learned to communicate with other children and to do things on his own."*

- **Parents say their children learned to follow the rules and routines of a classroom.**
- **Head Start provided effective readiness and motivation for classroom learning.**

(6) HOW HELPFUL WAS HEAD START FOR CHILDREN WITH SPECIAL NEEDS?

Johnny's mother:

> *"They helped him with his speech. He doesn't have any speech problems now in first grade."*

Mickey's mother:

> *"He needed more language and speech development at an even earlier age."*

- **Most children were clearly helped by the special needs identification and interventions during the period of Head Start.**
- **Many of the children who had special therapy for a physical problem, such as a speech problem, did not continue to need therapy in elementary school.**

(7) HOW INVOLVED IN HEAD START WERE PARENTS? IN WHAT WAYS?
ARE PARENTS INVOLVED IN SCHOOL ACTIVITIES NOW?

For example, in Head Start,

> *Angela's mother, who also worked part-time, attended parent meetings, got involved in all the special events and served on the policy council.. She also made friends with parents, some of whom she still sees.*

As Emily's mother put it:

> *"...the parent meetings were helpful--like a support group."*

Nathan's mother:

> *"I was tickled. I got him out of the house for a little while, but I ended up going to school with him three quarters of the time. There were a lot of things going on for parents." She attended social events and helped out with parties, fund-raising, chaperoning field trips and helping the children in the classroom.*

Jo Anne's mother:

> *"...the parent involvement makes parents more aware of their child's ability to learn at such an early stage. Head Start believes in a lot of parent-child participation and activities and functions. Head Start also made me more aware of what you can do as a group. We formed committees. It built my confidence. It gave us some clout."*

- Most parents were moderately to highly involved in several aspects of the Head Start programs, e.g. field trips, parties, classroom visits, workshops, etc.
- The most frequently and enthusiastically mentioned activities were field trips and the graduation ceremony.
- In the children's current schools, most parents attend 2-3 parent-teacher conferences, 1-2 school meetings or events, communicate with school personnel when there are problems, and they monitor their children's homework.
- Overall, there is less involvement between parents and their children's current school than there was between parents and Head Start.

(8) BECAUSE OF HEAD START, DID PARENTS OR FAMILY MEMBERS MAKE CHANGES IN ATTITUDE, BEHAVIOR, OR LIFE SITUATIONS, SHORT-TERM OR LONG-TERM?

Ann's mother:

> *"I learned a lot about how to teach Emily to prepare her for school. Head Start gave me a different outlook than I would have had on my own. It helped inspire me to learn more."*

Tom's mother felt that their involvement in Head was a:

> *"... growing experience--growth of the child and the family."*

Sara's mother:

> *"From money management classes, I learned not to budget money I don't have. From involvement in Head Start I learned to discipline the children instead of yelling and screaming. Head Start also helped me to find ways to go back to school."*

Steve's mother:

> *"They were very helpful in being understanding...having an understanding person listen to you. That was when we were first looking into getting food stamps. They were very confidential and helpful...The director helped me get funds for my husband to take a class in woodworking."*

Judith's mother:

> *"...going to Head Start made me feel important. Now it's my turn. I'm going back to school too."*

- Many parents feel that Head Start had a lasting effect on them or their children or family members in a variety of areas.
- Many parents felt the involvement from workshops and other activities had a lasting impact on them in at least one way: seeking jobs, or further education, or helping them with their child rearing approaches, or improving their health and nutrition and their general outlook.
- Parents say that Head Start made them more aware of the importance of regular health care. Children receive routine health care checkups and regular dental care.
- Many parents mentioned that the information about nutrition was helpful to them (meal planning, cooking, health, etc.).
- Through a variety of ways (teachers, workshops, parent meetings, etc.) parents say Head Start taught them positive ways of childrearing, e.g., positive discipline, being more aware of their children's needs, enjoying doing things with their children, and so forth.
- Some parents feel that Head Start helped with seeking further education and/or employment.
- Many parents feel that their children got a good, lasting start in their education from Head Start.

(9) WHAT ARE THE PARENTS' GENERAL EXPECTATIONS OF THEIR OWN CHILDREN'S ACHIEVEMENT AND FUTURE GOALS? ANY SPECIFIC GOALS MENTIONED?

Alyce's mother:

> *"I don't want to expect too much of her."*

Johnny's mother:

> *"I expect him to finish 12th grade. If he wants to go to college. Fine."*

Mary's mother:

"All the way. I'd like to see him get a college education."

- Parental expectations varied for their children's long-term achievement.
- Almost all parents expect their children to finish high school.
- Some parents expect their children to go to college or get a technical degree.
- Most parents said they expected their child to complete high school and get a job, and hopefully, some college, but most also commented:

"... it's up to him or her, if he (she) wants to."

- Many parents emphasized that they want their children to be happy in their lives.
- Children have a high degree of awareness about their parents' expectations.

(10) WHAT WERE PARENTS' VIEWS ABOUT HEAD START'S LIMITATIONS, AREAS IT COULD HAVE HELPED MORE OR DID NOT HELP AT ALL?

- Parents whose children had serious academic difficulty in one or more subjects (e.g., reading or math) especially wished there had been some kind of individualized help for their child in Head Start to prevent the present problem.
- Many parents feel Head Start should be available for all children.
- Some parents mention they felt Head Start should be an all day program.
- Some parents indicated that they thought more of the parents should become more involved in Head Start.
- Many parents say they couldn't think of any way Head Start could improve

The CHAIRMAN. We will move on with our panel. We will try to see if we can't have each of the presentations. We have got five more witnesses, and we have to terminate just before 12:30. I wanted to hear from some people on the floor. So we will ask our remaining witnesses if they can limit their presentation to 6 minutes or so, and we will see if we can't keep the hearing moving on.

Doreen Lopes.

Ms. LOPES. Good morning, ladies and gentlemen. Good morning, Senator Kennedy.

The CHAIRMAN. Good morning. Just bring that mike right over in front of you.

Ms. LOPES. Thank you. Can you hear me?

The CHAIRMAN. Yes.

Ms. LOPES. My name is Doreen Lopes. First of all, I am pleased to be here to testify in behalf of Head Start. I am a former Head Start parent and teacher. I have 3 children, 3 daughters, 2 of which in fact went to Head Start years ago. I became involved in Head Start as a parent volunteer. I then went on field trips, I did activities with the children, and there was an open position, so I applied for it.

I had a problem that I didn't think that I could apply for the job because I had a learning disability called dyslexia, which I couldn't read very well. And I wanted the job very badly, and I went to the director at that time and I told him my situation. And they gave me a lot of support, so I ended up getting the job, and I have been working with children ever since.

Through Head Start I went to all kinds of workshops. I got courses in Wheelock College and all kind of training. Fifteen years later I have come a long way. I have done a lot of things because of Head Start. And to sum things up because, you know, I am nervous.

The CHAIRMAN. That's all right. That's no problem. Take your time.

Ms. LOPES. I have done a lot of things, and I have to say it is thanks to Head Start, because I didn't think that I could do it. I never thought I would be able to go to college. I was a welfare recipient, and I have come a long way, anyway.

And to briefly sum up, some of the things I have done in my life because of Head Start, I have spoken on behalf of literacy for the Governor Dukakis program on numerous occasions. I have spoken to high school children about staying in school and talking about literacy, also numerous college and TV programs on literacy.

And I am especially proud to tell you that I will receive my associate's degree this Friday from Wheelock College, thanks to Head Start. [Applause.]

Thank you. Thank you.

And I also am featured in this book, called "Body and Soul: Ten American Women." And they feature me and my story on illiteracy.

So it is my hope that all needy children and families might have the opportunity of having a Head Start experience as I did, an experience that would help them to learn to grow, to gain self-confidence, to be able to move on in their lives, reach their full potential.

I appeal to you for your full support concerning the ratification of Head Start. I ask you to pay special attention to the business of maintaining program quality and excellent service to include all income-eligible families.

Thank you for the opportunity to share my experience with you today.

The CHAIRMAN. Hear, hear, Doreen. [Applause.]

As I understand, you have started your own consulting business; is that correct?

Ms. LOPES. Yes. I do go on lectures and I talk about illiteracy. I talk about dyslexia, and I have helped 11 people, grownups, go back to school. And they are getting their high school diploma. And because of Head Start I had to have a high school diploma before I did some courses in Wheelock, so I thought my high school diploma also.

The CHAIRMAN. That is your GED program?

Ms. LOPES. No, it's not the GED. Excuse me.

The CHAIRMAN. Good. No, that's good.

Ms. LOPES. It's a high school diploma.

The CHAIRMAN. Hear, hear. That's excellent.

Talking about Cambridge, Stephen Davis, we are glad to have you.

Mr. DAVIS. Good morning. Good morning, ladies and gentlemen, Senator Kennedy, members of the committee, other distinguished guests. My name is Stephen Davis. I am a former Head Start student, and I am honored to be here today to speak in support of the push for reauthorization of Head Start.

Head Start is a necessary and vital program that has played an important role in my community and in my life. 25 years ago, I had the good fortune to be enrolled in a pilot project as a participant in the first year of Head Start in Cambridge, MA.

My parents thought it was a good opportunity for me, their youngest of 7 children. My mother liked it so much she got involved from the outset as a member of the policy planning committee. She then went on to work in the program as a social service aide, a teachers aide, and then after taking courses at Wheelock College she became a teacher.

She taught in the Head Start program for 17 years in various classrooms throughout the city of Cambridge. Currently she is employed as a family service worker for Head Start.

As a 4-year-old boy growing up in public housing 25 years ago, I did not realize that I was participating in a program that would go on to become a model for social service and education programs nationwide. Head Start, with its comprehensive approach, sought to successfully develop the intellectual, social, emotional, and physical potential of all its participants.

Reflecting back to that time period in American history, there had been a war declared on poverty and the civil rights movement was beginning to come together. That was an exciting time. My memories of those exciting times were waiting for my dad to come home from work on the graveyard shift so that we could walk hand in hand the 6 blocks from Roosevelt Towers to my Head Start classroom at the neighborhood house on Harvard Street.

I would be so excited about finally arriving there that I would climb the fence rather than walk the last 50 yards to the gate. I was eager to see my friends so that together we could learn by being encouraged to explore and create, being provided with stimulating games and activities by our teacher, Ruth Tillman, and her aides.

I did not realize then that my friends and I were being targeted because of our parents' low income level by an early intervention program that sought to prevent us from becoming casualties of the war on poverty. Nor did I realized then that my mother and some of my friends' parents were given a high degree of empowerment through involvement in the planning and decisionmaking process as well as being encouraged to further their educations.

So when she went on to get her bachelor's in early childhood education, I did not look upon it as her being better equipped as a soldier in the war on poverty. Rather, it was a time of family pride, of sharing in her accomplishment.

In the ensuing 25 years since I was a Head Start participant, the program has grown and expanded with the times. In order for Head Start to continue its growth and success, it will need more resources and funding. As the program works with more participants, more parents, more demands and pressures, it is increasingly important to have the ability to allocate resources in an effective manner. Head Start should be given the opportunity to expand its infrastructure and relieve overcrowding in its classroom space without having to squander resources on improving space to bring it up to standards.

Money should be allocated so that staff salaries, transportation, and educational opportunities can be increased. Head Start should ideally be reaching 100 percent of the income-eligible population nationally instead of the 20 percent it now reaches.

The program's effectiveness and success over the course of its first 25 years is proof positive that it works and should be expanded. In the 25 years since I participated in Head Start, I too have grown and seen changing times. I consider myself fortunate to have been the right age at the right time to participate in Head Start's first year and to have parents that were willing to take a chance with a new program and give me the opportunity to participate in it.

I have done a lot of interesting things in 25 years that have either been directly or indirectly influenced by my and my parents' involvement with Head Start. I attended public schools in Cambridge and went on to college. Currently, I am the director of the Work Force, which is the Cambridge Housing Authority's unemployment prevention program. Prior to that, I was a teacher-counselor in the Work Force program.

Although the children I work with are older, 13 to 19 years old, there are many similarities between the two programs. They both target a low-income population of diverse ethnic and racial backgrounds. Both programs focus on early intervention, participant empowerment, and providing opportunities for participants to break the generational cycle of poverty.

The problems that the teens in my program are confronted with are substance abuse, teen pregnancy, dropping out of school, increased violence, and high unemployment. All of these problems can be minimized at a lower cost, to some extent, by funding early intervention programs such as Head Start.

25 years after my Head Start experience began, it continues, as I consider myself a soldier on the front lines in the continuing war on poverty. I feel Head Start has had a major impact on my decision to pursue a career in public service, and I am better prepared to do so because of Head Start.

The Head Start program, which has won many battles in this war, will need to receive adequate resources to enable it to wage more effective campaigns in the 1990's and beyond. I hope that your continued and increased support will allow others like myself to get a good head start on life.

Thanks for your consideration. [Applause.]

The CHAIRMAN. Thank you very much for a very outstanding record of achievement.

[The prepared statements of Mr. Mahoney and Mr. Davis follow:]

MMLSAA

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Tuesday, April 17, 1990

Testimony- Budget Educational Needs

Boston, Ma. -Senator Edward Kennedy

Good Morning and Thank you for this opportunity to convey our concerns.. I am Edmund Mahoney, Executive Director of the Massachusetts Middle Level School Administrators Association located in Arlington. I recently retired from Jr, High Principalship in Arlington after 38 years of teaching and administration.

Recently I testified before the Mass. Ways and Means budget hearing noting in particular the President and National Governors Goals for Education in the 90's to be in place by the year 2000. I really have no problem with the establishment of challengers and goals to be met. We, in the educationally field have and will continue to accept the challenge but we need the assistance of federal and state government if we are to succeed. It isn't enough to set goals and sit back and wait to see if it will happen. It will not unless education becomes the number one priority backed by financial and legislative mandate.

The National Association of Secondary School Principals have testified before the Education and Labor Committee and in communications to legislators have urged movement of a portion of the so-called 'peace dividend' to bring the federal budget priorities into synch with the national education goals.

Specifically, the 8 billion budget adjustment increase supports; one billion for head start, one and three quarter billion for the Child Care bill (both programs of early intervention) and Five billion for educational programs of child care, Chap, I, Secondary School basic Skills, Handicpped Education, Math and Science, and higher education grants and loans.

One of our prominent business leaders shared with me just yesterday some of his thinking that United States business men need to change their way of thinking about how they do their business if this country is to remain competitive. That is, the notion that profit and share holder is the first priority must ~~some~~ be adjusted as it has been in Japan and elsewhere that the consumer and the value of the product be the 1st priority. Thank you

I urge you [illegible] increase in funding of [illegible]

AFFILIATED WITH THE NATIONAL ASSOCIATION OF SECONDARY SCHOOL PRINCIPALS

CAMBRIDGE HOUSING AUTHORITY
C.H.A.

CAMBRIDGE
MASSACHUSETTS
02139
(617) [illegible]

April 11, 1990

To Whom It May Concern:

I am writing this letter in support of the push for re-authorization of the Head Start Program. Head Start is a necessary and vital program that has played an important role in my community and in my life. Twenty five years ago I had the good fortune to be enrolled in the Pilot Project as a participant in the first year of Head Start in Cambridge, Ma. My parents saw it as a good opportunity for me their youngest of 7 children. My mother liked it so much that she got involved from the outset as a member of the Policy Planning Committee. She then went on to work in the program as a Social Service Aide, a teacher's aide and after taking courses at Wheelock College she became a teacher. She taught in the Head Start Program for 17 years in various classrooms throughout the City of Cambridge. Currently she is employed as a Family Service Worker for Head Start.

As a four year old boy growing up in public housing 25 years ago I did not realize that I was participating in a program that would go on to become a model for social service and education programs nationwide. Head Start, with its comprehensive approach sought to successfully develop the intellectual, social, emotional, and physical potential of all its participants. Reflecting back to that time period in American History, there had been a War declared on Poverty and the Civil Rights Movement was beginning to come together, it was an exciting time. My memories of those exciting times were waiting for my dad to come home from working the graveyard-shift, so that we could walk hand-in-hand the 6 blocks from Roosevelt Towers to my Head Start Classroom at the Neighborhood House on Harvard Street. I would be so excited about finally arriving there that I would climb the fence rather than walk the last 50 yards to the gate. I was eager to see my friends, so that together we could learn by being encouraged to explore and create, being provided with stimulating games and activities by our teacher Ruth Tillman and her aides.

I did not realize then that my friends and I were being targetted because of our parents' low income level by an early intervention program that sought to prevent us from becoming casualties of that War on Poverty. Nor did I realize then that my mother and some of my friends' parents were given a high degree of empowerment through involvement in the planning and decision making process as well as being encouraged to further their educations. So when she went on to get her Bachelors in Early Childhood Education I did not look upon it as her being better equipped as a Soldier in that War on Poverty, rather it was a time of family pride of sharing in her accomplishment.

In the ensuing 25 years since I was a Head Start participant the program has grown and expanded with the times. In order for Head Start to continue its growth and success it will need more resources and funding. As the program works with more participants, more parents, more demands and pressures it is increasingly important to have the ability to allocate resources in an effective manner. Head Start should be give the opportunity to expand its infrastructure and relieve overcrowding in its classroom space without having to squander its resources on improving space to bring it up to standards. Money should be allocated so that staff salaries, transportation, and educational opportunities can be increased. Head Start should ideally be reaching 100% of the income eligible population nationally instead of the 20% it now reaches. The program's effectiveness and success over the course of its first 25 years is proof positive that it works and should be expanded.

In the 25 years since I participated in Head Start I too have grown and seen the changing times. I consider myself fortunate to have been the right age at the right time to participate in Head Start's first year and to have parents that were willing to take a chance with a new program and give me the opportunity to participate in it. I have done a lot of interesting things in 25 years that have been either directly or indirectly influenced by mine and my parent's involvement with Head Start. I attended public schools in Cambridge and then went on to college.

Currently I am the Director of the Work Force which is the Cambridge Housing Authority's Unemployment Prevention Program. Prior to that I was a teacher/counselor in the Work Force Program. Although the children I work with are older (13-19 yrs. old), there are many similarities between the two programs. They both target a low income population of diverse ethnic and racial backgrounds. Both programs focus on early intervention, participant empowerment and providing opportunities for participants to break the generational cycle of poverty. The problems that the teens in my program are confronted with are; substance abuse, teenage pregnancy, dropping out of school, increased violence, and high unemployment. All of these problems can be minimized at a lower cost, to some extent, by funding early intervention programs such as Headstart.

Twenty five years after my Head Start experience began it continues as I consider myself a Soldier on the front lines in the continuing War on Poverty. I feel Head Start has had a major impact on my decision to pursue a career in public service and I am better prepared to do so because of Head Start. The Head Start Program which has won many battles in this war will need to receive adequate resources to enable it to wage more effective campaigns in the 1990's and beyond. I hope that your continued and increased support will allow others like myself to get a good Head Start on life. Thank you for your consideration in this matter.

Sincerely,
Stephen Davis

Stephen Davis
Director of the Work Force
Former Head Start Student

SD/baa

The CHAIRMAN. Let me ask just a few questions here. Let me ask Frances Collins.

You gave, I thought, an excellent summary and review about the general needs that the Head Start program has, I would think, across the country. Do we have any specific problems here in our State now that, as a matter of special attention, need special kinds of attention?

Ms. COLLINS. Well, yes. In addition to the nationwide problems, I think there are some that are unique to this region in particular, having to do, especially in certain communities, having to do with the high cost of doing business here.

Head Start does not purchase its own property, so we are all subject to the whims of our landlords, so to speak. It's difficult to do business here, especially in light of the fact that there is no difference made considering the fact that we have a very high cost of living here.

And I can give an example of my program in Cambridge. It's not uncommon for our families to pay $900, $1,200 a month rent for what we would consider a typical apartment. Someone can be the working poor, they can be a two-parent family who are earning minimum or just above minimum wages, and they are in fact above the Head Start income criteria making their children income-eligible, and yet they could virtually end up homeless.

Now that is unique to this region. In other areas of the country, of course, this is not true. In Mississippi and in Alabama and in the States that I cited, in fact their cost of living is a lot less. So that is a major problem for us.

The CHAIRMAN. In the child care bill we did try to address that in terms of increasing the eligibility. Hopefully, that is going to be moving along. But it is something, as you point out, that probably we ought to address here.

We require a percent contribution from the local community, about 20 percent. So even if we get the additional kinds of funding at the national level, this is going to require additional kinds of resources at the local level.

And as we look over the economic challenges that we are facing both here in the city and the State, I find it is really scandalous we will end up over a 10-year period paying about $300 billion for the savings-and-loan but we are still scratching around for resources for Head Start. I mean really the country's priorities are—well, we are not going to get into that speech. [Laughter.]

I make that at the ABCD dinner, and I will save it for that one.

But isn't this a problem, too, as you look down the line and just say that we ought to be sensitive to that? I know Bob Coard mentioned that just prior to the hearing.

Ms. COLLINS. Yes. We are losing—well, a large part of our in-kind, by programs across this country, I am sure, have been provided through the sites that have in the past been donated, and many programs have donated space. For instance, public schools, public housing may in fact donate spaces for Head Start classes to be in.

But today, we lose those spaces more and more as other programs are developed, as public housing is required to charge Head Start programs. And when we lose those donated spaces, we have to replace them with market rate spaces.

For instance, I lost a space that was in fact we paid minimum rent for, $250 a month. When we replaced it, the best that I could find was from a private source at $875 a month. That is pretty typical of what is happening.

So that is a source, that has traditionally been a source of our in-kind, and we are losing that. Whenever we lose a site and we replace it, we are replacing it by paying at market-going rates.

The CHAIRMAN. Mr. Davis, let me just ask you a question about the involvement of your family. It sounded like clearly your father was aware of the program and strongly supportive of it, in bringing you each morning. As I understand, your mother became inspired too?

Mr. DAVIS. Yes.

The CHAIRMAN. By the program itself. Maybe you would mention a word about that.

Mr. DAVIS. OK. Well, my mother was involved from the start with the planning committee that was organized in Cambridge 25 years ago, 26 years ago. And she volunteered, I guess, originally in the program, until she became a social service aide. Then she went on to become a teachers aide. She was encouraged through Head Start to pursue her education further, and got her degree—correct me if I am wrong, Mom. [Laughter.]

She got her degree, I believe, in' 76 from Wheelock College. And I can remember growing up, going over with my dad, giving her rides over there, picking her up from classes, etc., etc.. So she was very busy raising a family and pursuing her own education, for the benefit of me certainly and the rest of the community.

And it was inspirational that day when she went up on stage and received her degree.

The CHAIRMAN. Well, I think that calls for an introduction.

Mrs. Davis, would you stand? [Applause.]

Mr. DAVIS. Thank you.

Ms. COLLINS. Ellie Davis is currently a family service worker in the program, and previous to that she was a head teacher in the program for many, many years. And I am especially proud to have these two real models of what Head Start is about, sitting here on the podium.

The CHAIRMAN. I understand your father is here, too?

Mr. DAVIS. Yes, Senator Kennedy. Can we recognize my father, too?

The CHAIRMAN. Yes. [Applause.]

Mr. DAVIS. Thanks, Dad.

The CHAIRMAN. That is really inspirational.

Doreen, if you have any relatives here, we will recognize those. Seriously, has anyone accompanied you?

Ms. LOPES. No. Thank you.

The CHAIRMAN. Ms. Collins, do you have any here? [Laughter.] About half the room, it looks like. [Laughter.

Big families.

All right. We want to thank all of you very much. You are a very helpful and inspiring panel, and we are grateful to you.

Our final panel includes three researchers who will provide us with expertise regarding the benefits of early intervention programs such as Head Start and the Comprehensive Child Development Centers Act. Dr. Sherri Oden is a research associate with the High/Scope Educational Research Foundation, which was responsible for the landmark Perry preschool study. Dr. Oden is the director of High/Scope Head Start studies and is here today to present the preliminary findings of High/Scope's follow-up study of Head Start's role in the lives of children and families.

Dr. Oden is joined by James Houlares, the director of the Head Start program by Community Teamwork, Inc., and the chairperson of New England Head Start Directors Association. He is one of the 11 Head Start directors to participate in High/Scope's Head Start research cooperative panel.

Finally, we welcome Dr. Steven Parker, who is an assistant professor of pediatrics of Boston University School of Medicine, director of the developmental assessment clinic at Boston City Hospital, author of numerous articles on child development and early intervention, here today to talk about Boston's comprehensive child development project.

So we will start, if we may, with Mr. Houlares.

STATEMENTS OF JAMES HOULARES, DIRECTOR, HEAD START PROGRAM, COMMUNITY TEAMWORK, INC., LOWELL, MA; DR. SHERRI ODEN, DIRECTOR, HEAD START STUDIES, HIGH/SCOPE EDUCATIONAL RESEARCH FOUNDATION, YPSILANTI, MI; AND DR. STEVEN PARKER, ASSISTANT PROFESSOR OF PEDIATRICS, BOSTON UNIVERSITY SCHOOL OF MEDICINE, BOSTON, MA

Mr. HOULARES. Thank you, Senator Kennedy. It is a great pleasure and honor to be here to give testimony before you. And in particular, this is a unique opportunity because for the first time in the 25-year history of Head Start I as the local Head Start director was involved in the process of developing and designing and also implementing a research project in terms of the effect of Head Start on the lives of children and families over the past 25 years. And in that we worked with High/Scope Educational Research Foundation in providing training and technical assistance.

This panel began a little over 2½ years ago, and the panel came into existence, funded by the Head Start Bureau Administration for Children, Youth, and Families to conduct research about Head Start and its effect on the lives of children and families. This was new and unique because all previous research about Head Start had been done by universities and research organizations. This time the assumption being that since Head Start educators have a better understanding of what Head Start means to children and families and communities, we could bring a new perspective to the research scene, a grass-roots approach.

The panel members consisted of Head Start directors and staff representing 11 Head Start programs and agencies from a diversity of regions across the Nation. The more urban areas included Chicago; Columbus, OH; Kansas City; Miami; Pittsburgh; Phoenix; and Seattle. The less-populated towns or rural areas included Dayton, OH; Hudson Falls, NY; Lowell, MA; and Loveland, TX.

Overall the panel represents a diversity of regions and racial and cultural backgrounds. The range of racial and cultural backgrounds represented includes low-income whites, blacks, Hispanics, American Indians, and Asian Americans.

During the first meeting of the panel, which occurred in Flint, MI, at the High/Scope conference center, we spent a week in working with the High/Scope staff trying to decide what we were going to do. And during that week of training in terms of research processes, the High/Scope staff and the directors decided that we would undertake first one study and then we went on and we became very ambitious and excited as a group of directors. And you know how we all are, we love to take on extra responsibilities and tasks and do things that have a tremendous meaning for Head Start. We decided to do two studies.

The first study was a case study follow-up of Head Start's role in the lives of students and parents. Subjects were 132 Head Start graduates. Case studies about them were developed from interviews conducted by independent interviewers, not connected with Head Start, with former Head Start children or youth and parents and current school teachers.

At each of the 11 sites, 4 Head Start graduates, 2 males and 2 females at each of 3 grade levels, current, 1st, 4th, and 10th grades were randomly selected from lists provided by teachers from schools in which many former Head Start students are enrolled. Included in the final subject group were subjects whose current school progress indicated positive progress in academic, social, behavioral adjustment; those with mixed progress and those with difficulty in those areas as reported by the current teachers or counselors.

Separate interview instruments were developed by the panel with technical assistance from High/Scope. The interviews were conducted by independent interviews with the parents, the child, including a separate interview for the 10th grader and the current teacher.

The interview questions were aimed at gathering descriptions of the lives of the Head Start children and families at the time Head Start and currently, their assessment of Head Start's effectiveness and lasting impact, and the teacher's description of the student's school progress. School record data were also collected.

In terms of the local impact in working with the public school systems, in beginning the tracking of students, first of all there are no records in the public schools that give a permanent understanding of the child's experience in Head Start. As I began this process in working with the principals in public school systems to find the former Head Start students, we began a dialogue and an understanding as children begin to register in the public school systems, why isn't there an indication of their preschool Head Start or day care experience? In negotiating that with the Lowell public school systems, they will now indicate that as they register for kindergarten. However, there is no guarantee that becomes part of their permanent record.

In addition to that, as one of the very important aspects of some of the information that we have in the Head Start program concerning health records, developmental assessments, some of that information did not always get passed on to the public school systems. It was a hit-or-miss situation. We have now worked out a system where we are going to begin to systematize that approach and making sure that the records get to the school system and to the appropriate principals and teachers so as the children come into the public school systems we know their experience and where they're coming from.

In addition to that, we have looked at staff development and staff training, and one of the issues that we are very concerned about and which was cited earlier in terms of Dr. Zigler's speech, Head Start teachers and kindergarten teachers working together, we have begun a process of site visits, looking at a daylong training in the beginning of September so that the Head Start teachers get an understanding of what Head Start does, see the Head Start site, the type of training they're involved in in terms of preservice and ongoing inservice training, and also develop some joint training so that we have this. And this is all part of this process of being involved in the research which brought to light some of these issues concerning what we are trying to do over the past 25 years, tracking the students and knowing that the communication between the public school systems and Head Start had not always been the greatest.

In terms of community involvement in terms of the research, working with teachers, getting information, trying to have them give us their understanding of the students, very few of them have an understanding of what Head Start was all about, knew very little about who the program served, why it served, what was done in the program.

We also, in the research process, had two objectives. One, we did community review groups in terms of we set up two groups, one made up of parents, another of school personnel, a school department. And they reviewed the first case studies that we had put together. And what they did is they reviewed the case studies and gave us feedback.

The thing that came across consistently was that in both cases, with the parents and the school system review groups, review groups representing the school department, they were always very impressed in terms of the support system that Head Start had for children and parents. It consistently came through that this was very, very important to the program and to the lives of the children and the families.

Also, we did some community interviews in which we interviewed community leaders and got their feedback about the perspective of Head Start after 25 years. In most cases, they were all very complimentary of Head Start, wanted further funding, more children served. There were facilities, also better communication between agencies and systems in which we deal with the same families.

Also, our hope is, in terms of this research process because it is grass-rooted and it represents the local community and also helps local program staff get involved in finding out what happens to the children as they leave the Head Start program and go on to the public school system, our hope is that in some way there will be future funding for continuation of research projects such as the one that I have been involved in on the local level.

The CHAIRMAN. I am going to give you another couple of minutes because we want to move on.

Mr. HOULARES. I just want to add that in terms of this approach of local programs being involved in research, it puts Head Start directors at the nexus of research program operation in new issues. Operation with panel gives directors a deeper insight into achieving program quality, transferring research data into program operations and engaging staff and communities in the issues of child development and family support. This approach allows staff to better understand the program, to interact on a wider range of professional issues critical to Head Start quality and to see Head Start from a broader perspective. This approach fosters Head Start leadership in research at local, State, and national levels as developers, demonstrators, and communicators.

In addition to research reports, this approach is a system of staff development, a process of building program quality, and a catalyst for community involvement.

Thank you.

The CHAIRMAN. Thank you very much.

[The prepared statement of Mr. Houlares follows:]

HEAD START RESEARCH COOPERATIVE PANEL

Testimony for reauthorization of Head Start presented to Senator Edward M. Kennedy on April 17, 1990 in Boston, MA.

I would like to begin by introducing myself. My name is James Houlares and I am the Director of Community Teamwork, Inc.'s Head Start Program in Lowell, Mass.. I come before you this afternoon to testify on behalf of the Head Start Research Cooperative Panel of which I presently serve as Chairperson. This panel came into existence little over (2) two years ago funded then by the Head Start Bureau, Administration for Children, Youth and Families to conduct research about Head Start and its effect on the lives of children and families. This was new and unique because all previous research about Head Start had been done by Universities and Research Organizations. This time the assumption being that Head Start educators have a better understanding of what Head Start means to children, families and communities, we could bring a new perspective to the research scene - a grass roots approach. This was the beginning of our panel with the assistance of Allen Smith, Head Start Bureau's Project Officer and technical assistance being provided by the High/Scope Educational Research Foundation with the following High/Scope staff being involved, David Weikart, Helena Hoas, Jenni Klein, Sheri Oden, Patricia Olmstead and Julie Ricks.

The panel consists of Head Start Directors and Staff representing eleven (11) Head Start Programs and agencies from a diversity of regions across the nation. The more urban areas include Chicago, Columbus (Ohio), Kansas City, Miami, Pittsburgh, Phoenix and Seattle.

The less populated towns or rural areas include Dayton Ohio, Hudson Falls New York, Lowell Massachusetts, and Levelland Texas. Overall, the panel represents a diversity of regions and racial-cultural backgrounds. The range of racial-cultural groups represented includes low-income Whites, Blacks, Hispanics, American Indians and Asian Americans.

The Panel decided to undertake two (2) studies during the past two years.

Study 1: A Case Study Follow-up of Head Start's Role in the Lives of Students and Parents

Subjects were 132 Head Start graduates. Case studies about them were developed from interviews conducted by independent interviewers (not connected with Head Start) with former Head Start children or youth, parents, and current school teachers. At each of the 11 sites, 4 Head Start graduates, 2 males and 2 females, at each of three grade levels (i.e., current first, fourth, and tenth grades) were randomly selected from lists provided by teachers from schools in which many former Head Start students are enrolled. Included in the final subject group were subjects whose current school progress indicated positive progress in academic and social/behavioral adjustment, those with mixed progress, and those with difficulties in both areas as reported by the current teachers or counselors.

Separate interview instruments were developed by the Panel with the technical assistance from High/Scope. The interviews were conducted by independent interviews with the parent(s), the child (including a separate interview for tenth graders), and the current teacher. The interview questions were aimed at gathering descriptions of the lives of the Head Start children and families at the time of Head Start and currently, their assessment of Head Start's effectiveness and lasting impact, and the teacher's description of the student's school progress. School records data were also collected.

A reliable and valid coding system was developed for systematic compiling of the data from the child (or youth), parent, and teacher interviews, and the school records. A set of 50 protocol questions were used to organize the subjects' interview responses. The protocols were then edited for readability into a consistent narrative format. These narrative case studies constitute a data base for further analysis and reporting.

Results to date indicate a strong impact on the children's general social and behavorial readiness for kindergarten and elementary school and long-term motivation for learning. Long-term effects were found for the parents and children in obtaining regular health care. Children with special learning needs or physical handicaps were aided by Head Start intervention. Parents felt very positively about the frequent and consistent encouragement and support provided by the staff for the children and for them. Children remembered the teachers and the experience very positively. The opportunities for field trips and other types of educational stimulation were especially important to the children and parents who often participated in these events. From workshops and other participation, most parents indicated that Head Start had a direct influence on them in one or more ways, e.g., obtaining further education, employment, improving childrearing approaches and coping with family crises.

The communication between the parents and school teachers appears to be markedly less comfortable and positive, both from the perspective of the parents and the teachers. The teachers report that the majority of the students are working hard, are moderately to highly motivated and persistent even when trying to overcome learning difficulties. Although some students were found to be highly achieving while others were having serious difficulties in subjects and/or behavior, most students were fairly average with difficulty in one subject area or some occasional difficulties in behavior.

The final overall report will include the analyses of the subgroups and further description of the effects and limitations of Head Start's impact. Recommendations for further research and program development will be proposed.

Study 2: United States Child Care Survey

All major geographical regions of the United States are represented among the Head Start Panel's service areas A cross-national sample of all families with children in the four-year age range were included in the study sample. In each Head Start district, approximately 50 families were interviewed resulting in a sample of nearly 500 families. To locate a random sample of age-appropriate children, multistage sampling procedures were applied to the geographical areas within each Head Start service area as selected and directed by High/Scope with consultation from the Institute for Social Research at the University of Michigan. High/Scope provided technical assistance to the Head Start Panel sites for the data collection phase which included systematic household listing, screening, and interviewing.

This study constitutes the United States contribution to the IEA (International Association for the Evaluation of Educational Achievement) preprimary age survey of the education and child care of 4-year old from 14 nations. The Head Start Panel added questions to the international survey that are of special interest to Head Start's future planning. The basic survey includes questions regarding the current care arrangements used by the family.

For each child care arrangement, information is requested regarding the reasons for this selection, hours of use, cost, distance, problems, and degree of satisfaction. For the primary arrangement, additional questions are included concerning special services, parent involvement, sponsoring agency or person, and plans for unexpected situations. Parents or guardians who have not placed their child in any care arrangement are also included.

A record of the child routine for a 24-hour period was also included as a part of the interview. Interview questions also included household composition, other characteristics of the home, and educational and occupational information about the parent/guardian. The needs assessment questions included by Head Start Panel are aimed at discovering parents' perceptions about the availability and quality of child care and what needs remain in these two areas. The data are collected and are presently being coded and analyzed by High/Scope.

At this time let me quote from the case studies which describe the lasting effects of the program.

Listen to this parent: " I learned a lot about how to teach Emily and prepare her for school. Head Start gave me a different outlook than I would have had on my own. It helped inspire me to learn more".

Tom's mother - She felt that their involvement in Head Start was a "growing experience - growth of the child and family".

Parent Involvement

Emily's mother - " The parent meetings were helpful - like a support group". "It (Head Start) helped inspire me to learn more."

Nathan's mother - " I was tickled - I got him out of the house for a little while; but I ended up going to school with him three quarters of the time. There were a lot of things going on for parents." She attended social events and helped out with parties, fund-raising, chaperoning field trips and helping the children in the classroom.

Sara's mother: " From money management classes, I learned not to budget money I don't have. From involvement in Head Start I learned to discipline the children instead of yelling and screaming. Head Start also helped me to find ways to go back to school".

Judith's mother: "Going to Head Start made Judith feel important. Now it's my turn, I'm going back to school too".

These are just a few examples of what parents feel about Head Start. Some of the other areas of their lives that were affected included health care practices and nutrition.

In concluding, let me thank you for the opportunity of testifying on behalf of Head Start Research Cooperative Panel. I would also like to express my deepest appreciation to High/Scope Educational Research Foundation and expecially Sheri Oden for their Technical Assistance with these research projects.

COMMUNITY INTERVIEWS

We also interviewed top leaders of the community who head agencies which Head Start works with. We felt this was important to do for several reasons: (a) to depict the broad community setting; (b) to determine the awareness of Head Start's role in the community; and (c) gather the leaders' views on how Head Start could be improved.

To date, 38 community leaders have been interviewed by Head Start staff or independent interviewers, including 17 public educators, mostly superintendents of schools or other high level administrators, 11 child service executive directors, 7 health department executive directors and other health agency directors, and 3 community leaders, including a city councilperson, a minister, and a retired judge. The majority of those interviewed were either the top level executive or at the top level and the others were either directors or coordinators of smaller agencies or played some other leadership role in the community. The leaders were asked to describe and discuss Head Start's impact on children and families, including contributions, problems, and limitations of Head Start and ways to better Head Start and its coordination with other agencies and anything else they wanted to add.

Overall, the leaders were well informed about the range of services which Head Start provides. They thought that Head Start had a significant impact on:

(1) Supporting and nurturing children, by providing broad enrichening activities and experiences;

(2) Readiness for school in learning and socially, by giving children a kind of classroom experience socially and academically, and enhancing their motivation and desire for learning and achievement. For children with special needs, they felt that it provides a mainstreamed setting;

(3) Parent involvement in the child's education and development, which results in improvement of parents' child-rearing approaches and a more positive attitude toward the child, themselves, and education and helps to orient the parent to the school;

(4) Parent empowerment by enhancing linkages or acting as liasons for parents with other agencies and through the parent involvement activities, the parents also gain personal life skills and many obtain education and jobs in the community;

(5) Providing direct services to children and families, especially the health program by providing immunizations, blood screening, vision, hearing, physicals, etc., as well as programs in health/nutrition education and guidance in recognizing symptoms needing medical attention;

(6) Enhancing the community by hiring and involving community members in Head Start and by coordinating with other communities groups and agencies. Head Start also acknowledges community ethnic activities and heritages.

Principals and teachers indicate that the children who have been through the Head Start program are ready for school, have a good attitude and work well.

with other children and teachers, etc. One leader said, "The program sets the stage for later learning and provides readiness skills and experiences necessary for later school success. The result is that the Head Start children enter school on an even plane and compete with other children and enjoy similar success from the experiences." Another leader referred to Head Start as a focal point in the community: "it helps to stabilize the community."

Overall, the limitations, problems, and some recommendations include:

(1) Bureaucratic Structure. Local and state agencies find it difficult to work with a federal agency and coordinate with the federal regulations. Furthermore, the amount of time the Head Start staff has to spend on paperwork and fundraising seems excessive.

2) Transition to Schools. The children's school academic progress and the parents' attitude and initiative toward the school could be improved in the period of transition to the schools. Some children's preacademic skills could be further improved, and many parents seem to perceive the schools as less responsive than Head Start and do not get as involved as they did in Head Start. The schools, therefore, also need to improve their skills in involving parents and communicating with Head Start about the pre-academic learning needs as they perceive them.

As one leader put it, "Head Start has the potential to stop the cycle of negativity towards education felt by many parents and children." Another leader pointed to the policy councils in Head Start as one mechanism for helping parents get involved and empowered in their children's education and provide guidance to the Head Staff as well.

3) Staff In-Service Training. More in-service and perhaps pre-service training of staff is needed to ensure curriculum quality in the program.

(4) Serving More Children and Families. Head Start should be expanded to be available to all children and families needing these services and recruiting services need to be further developed to determine all those families who are in need.

5) Providing Expanded Day Services. For those families with child care needs, Head Start should make available for an extended day and summer services.

6) Parent Involvement. More of the parents need to get involved in the parent involvement activities.

(7) Communication with the Public. More knowledge and awareness of Head Start's purpose, services, and contributions is needed.

(8) Coordination with Other Agencies. Sometimes there is a duplication of services which could be avoided. Contractual requirements of Head Start limit the coordination of Head Start with other agencies who do or could provide services for Head Start. Greater linkages with day care groups would be helpful to many parents.

9) Facilities. There could be greater "inspection" of Head Start sites to ensure better facilities.

10) System for Tracking the Head Start Graduates. A system is needed for keeping track of Head Start graduates as they progress through the school and keeping the original record from Head Start in the child's file so that early indicators of special needs can be readily available to teachers in upper grades as well as kindergarten. Such a system would also make follow-up research on later effects more feasible.

11) Parent Self-Sufficency. There could be a more coordinated effort between agencies to help families work towards economic and general self-sufficiency. Related to this, perhaps more mental health provisions in the program are needed.

12) Increased Salaries and Benefits of Staff. Salaries need to be increased in order to hire and keep competent staff and require in-service training.

The CHAIRMAN. Dr. Oden.

Dr. ODEN. Thank you. It has certainly been very much a pleasure to work with James Houlares as chairperson of the Head Start research cooperative panel and also to work with the other 10 directors and their staff from various locations in the Nation, a very dynamic and energetic group providing leadership, I believe, in a new kind of grass-roots research aimed at getting a better picture of how Head Start helps families and children, the ways, the mechanisms, the processes by which they have the kind of effect and involvement that they do.

It was the feeling and belief of the panel that a case study approach would be the most effective way to create a picture, to give illustrations. So much of the previous kind of research that has been done has resulted in numbers, test scores and so forth, a product-oriented kind of research. And the panel was interested in rounding out that picture with a process-oriented kind of research.

So what we did was, as Jim said, collect case study, use the case study as the main focus but interviewed parents, teachers, the children or youths, the high school students. 1st, 4th, and 10th grades were the years that the panel decided to focus on. So these are Head Start graduates at a later point.

It also conducted interviews with community leaders, superintendents of schools, persons who work in the health department, also in the social service agencies, top leaders as well as people from the community in general. And later conducted these community review groups, where people looked at some random case studies which we had developed, giving a picture of the kind of involvement that Head Start really encourages for children and for families.

We assisted and worked closely with the panel throughout this process and learned a great deal about Head Start.

A coding system was utilized, utilizing a protocol question format and a computer word processing program was developed by High/Scope to systematically compile and map all this data collected from the interviews and from the community review groups and from the community leaders data.

The case study data are now completed for all the cases, and these data are being used by us, and we would like to share some of it with you as we get a better picture of Head Start from the perspective of the parents, the teachers, and the students.

The convergence between the majority of the case study data that is derived for this report really creates a picture with four basic kinds of themes, which are the perceptions of Head Start's impact from the point of view of parents, teachers, students, and community leaders and the community review groups that are conducted.

One major perception of Head Start is that it makes a tremendous impact in supporting and nurturing children. Head Start is providing broad enriching activities and experiences for both the children and the parents. And the parents and the children both remember these activities, they are very vital and clear in their minds, and they felt that they were very broadening. Field trips, for example, were mentioned the most frequently by children and by parents.

Readiness for school, a second major kind of outcome: Parents felt that their children were ready for school socially and academically. Providing direct services to children and families in terms of health and nutrition, identification of special needs and physical exams and screening. Many children were identified to receive speech therapy, for example, who went on to not have a problem later on in school in that area.

Parental involvement and empowerment was probably the most surprising to me, not in the sense that I am surprised about that component being effective, but the enthusiasm was so incredible in these cases. And I should mention that the subjects did not include parents who later became employed by Head Start. This is the mainstream of parents speaking about Head Start.

The feeling was that the comfort, the receptivity and the support that they felt from communicating with Head Start staff and from their activities was very solidly praised by nearly every parent.

In contrast, many parents are not at all involved in the schools today, according to them and according to the teachers. Many teachers said that they interpreted this as a lack of interest and involvement. They too were confused about this and weren't sure what to do about it. Although many parents are currently involved in the school, there appears to be fewer levels and types of opportunities for their participation in school as there was in Head Start.

There seems not to be many offerings for the parents themselves, such as workshops. From workshops and parent involvement in Head Start, many parents felt a lasting impact in one or more ways, including seeking jobs, further education as we heard today, helping them with their child-rearing approaches, improving health and nutrition.

I would like to read just a couple of quotes from this data.

Julian's mother feels that, "Head Start is a good deal. They gave children a head start on kindergarten and 1st grade. Julian's older brother did not go to Head Start and did not know how to read very well and has had behavior problems in school."

Another example, from Joann's mother, "The parent involvement makes parents more aware of their children's ability to learn at an early stage. Head Start believes in a lot of parent-child participation and activities and functions. Head Start also made me aware of what you can do as a group. We formed committees. It built my confidence. It gave us some clout."

Tom's mother felt that their involvement in Head Start was "a growing experience, growth of the children and the family." I thought that was a quote that summarized the whole sense of the data.

Judith's mother: "Going to Head Start made me feel important. Now it's my turn. I am going back to school too."

The parent data that we are talking about here are especially compelling in illustrating how effective Head Start is in empowering parents. It is clear from the data the parents perceived a sense of belonging during their Head Start experiences through their participation in Head Start and their communications with Head Start staff. The parents appear to believe and to feel that they belonged when they were at Head Start and that Head Start belonged to them.

Thus, we get a picture of Head Start as an effective, forceful institution in communities where families often feel segregated and alienated from society and from the education and service institutions that provide help and opportunities for overcoming poverty and its trappings.

This research illustrates the key leadership that Head Start is already in a position to play in low-income communities. It is clear that Head Start has the trust of families. The families found their involvement to be energizing and empowering. They felt that Head Start provided them with broadening opportunities and experiences for furthering their own learning and development.

The Head Start data from this research illustrate that parents do get involved in the public schools but would likely become more involved given expanded opportunities. Head Start staff, I believe, should be encouraged to seek greater communication and collaboration with schools and social service agencies to:

One, expand the transference of children's and parents' learning development through parent involvement initiated during the Head Start experience;

Two, assist schools in developing workshops and courses aimed at providing educational opportunities that will enhance parents' knowledge and skills and provide a bridge for them to enter degree programs;

Three, develop specific job training courses to foster increasing economic self-sufficiency;

Four, increase the communication between Head Start and public school teachers as a part of inservice training of both groups. With respect to this latter recommendation, nearly all of the 1st and 4th grade elementary teachers were unaware of their students' Head Start experience.

This is what Jim was talking about earlier. This is just one example of the clear need for better communication between teachers and Head Start. Such better communication between Head Start teachers and teachers at various levels in the elementary school seems to me would be mutually beneficial in curriculum planning, parent involvement, and transition to school, to enhance those effects that have already begun in Head Start.

Head Start for all eligible families was mentioned as needs by parents and the community leaders. Some community leaders also pointed to a need for better physical facilities, more inservice teacher training for continued enhancement of the curriculum and increasing staff salaries and benefits.

It is clear from our analysis thus far that the case study data provide a rich base for identifying the contributions to the lives of children and families and the ways that these contributions are accomplished, and it is also for the panel an additional resource by which we will develop further research investigations and further program development.

In the final report we will include more detailed illustrations and quotations from the cases and comparative analysis of, for instance, parents who are more highly involved with those who are less involved in Head Start, to understand the later impact in terms of children's school progress and their own involvement in school. And we will provide summary descriptive statistics at that time.

And the panel will be disseminating the final results in publications and presentations at all levels, local, State, and national, as well as to the general public, again to develop a better, more rounded picture of Head Start and the ways that it plays a role in the lives of children and parents.

The CHAIRMAN. Thank you very much.

[The prepared statement of Dr. Oden follows:]

PREPARED STATEMENT OF SHERRI ODEN

I am pleased to testify here today with James Houlares, Chairperson of the Head Start Research Cooperative Panel to which High/Scope Educational Research Foundation has provided technical assistance in their research activity. The goal of the Head Start Research Cooperative Panel is to direct a new course for research on Head Start. In the fall of 1987, eleven Head Start agencies formed a cooperative panel to initiate research directions and conduct studies to further our knowledge of Head Start's contributions to the betterment of children and families living in poverty. This innovative, grassroots approach to research put Head Start directors at the helm to set forth what needs to be studied to clarify and further develop the role of Head Start in American society.

Working with researchers from High/Scope Educational Research Foundation of Ypsilanti, Michigan, who provided the technical assistance, the Panel designed and conducted two major research studies in 1988 and 1989. The High/Scope Educational Research Foundation has been a national and international leader in early childhood education program development, teacher training, and research since 1970.

The two major research projects thus far conducted by the Panel are (1) a qualitative follow-up study of former Head Start graduates and their families and (2) a national survey of child care use and needs of families of four-year-old children. Both studies will provide major sources of information for Head Start and for the field of early childhood education. The experience of developing and conducting research has also served to further the leadership development of the Head Start Panel members. In conducting the research in their communities, the Panel members enhanced their local leadership roles as they worked with public school staff, communicated with the members of the media, and met with community review groups and chief executives from various community agencies. When the research findings are finalized, the Panel members will assume further leadership roles as they disseminate the findings in publications and presentations at state and national levels.

The Panel comprises 11 Head Start agency directors and members of their staffs. The more urban areas include Chicago, Columbus (Ohio), Kansas City, Miami, Pittsburgh, Phoenix, and Seattle. Smaller cities, towns, or rural areas include Dayton, Ohio; Hudson Falls, New York; Lowell, Massachusetts, and Levelland, Texas. (See Appendix A.) Outstanding agencies and directors were selected based on the recommendations of the Head Start Bureau Office of Human Development Services and their regional offices and High/Scope.

Each Head Start Panel agency represents one of the 11 research sites. The sites represent regions across the nation, including large metropolitan areas, smaller urban areas, and more rural towns. The range of racial-cultural groups represented includes low-income whites, blacks, Hispanics, American Indians, and Asian Americans. Research consultation was provided by Allen Smith, the Project Officer from the Head Start Bureau, Administration for Children, Youth, and Families (Office of Human Development Services), which funded the project. As indicated, the High/Scope Educational Research Foundation provided the research technical assistance to the Panel with Sherri Oden as Project Director and Julie Ricks as Research Assistant. David Weikart, President of High/Scope Foundation, and Jenni Klein, Consultant to High/Scope, served as advisors to the Panel for this project.

Who can better tell the story of Head Start than those directly affected by Head Start?

This question became the foundation upon which the Panel members developed a research plan to collect data for approximately 130 case studies of Head Start graduates and their families. The data depict accounts of their involvement in Head Start and their evaluations of Head Start's influence in their lives. This interim report focuses on the first study of the Panel, *A Follow-up Study of Head Start's Role in the Lives of Children and Families*. The data collection is now completed and compiled, and the analysis is being finalized. This interim report summarizes the research and the major patterns of the data. As its first project, the Panel members sought to develop a picture of how Head Start was viewed by the very people it served, the children and the families. The research also examined external perspectives from the students' current teachers and from school administrators and community leaders.

Much of the previous research on Head Start has been outcome oriented, e.g., gains in I.Q. or achievement scores into elementary school. There has been insufficient description and understanding of the processes involved the Head Start program. Only a few studies have focused on the important help provided by Head Start to families and the role of Head Start in low-income communities. More knowledge is needed of the ways in which the program can better meet the long-term needs of the children and families. More research should focus on such outcomes and long-term effects of Head Start as in the well-known Perry Preschool study conducted by High/Scope.

Process-oriented research approaches are needed to more fully understand the processes involved in the major roles of the multifaceted Head Start program and to provide the Head Start program managers with insight for further program development. Data are also needed from the perspective of those served. This information would be of use, not only to the further development of Head Start as a national program, but also for better defining the long-term educational needs of low-income children and families in the elementary and secondary school years.

Recent debates in educational psychology research have centered on the need to create a balance between quantitative and qualitative approaches even for product-oriented studies. The present research of the Panel was designed to be qualitative in order to increase our descriptive data base on the processes involved in the roles of Head Start from both the perspectives of Head Start students and their families. This kind of data can be readily disseminated to educators, policymakers, and the general public.

To address the above research aims, the members of the Panel decided to focus on three groups of Head Start graduates currently in the first, fourth, or tenth grades in school. The study would examine their current school progress and the role Head Start played in their lives, and in their families, both at the time of Head Start and into the present. Former Head Start children, parents, and current school teachers were interviewed to determine their perspectives, evaluations, and experiences regarding Head Start. The data from these interviews are now being used for analyses and for the development of a case study narrative data archive.

The major research questions developed by the Panel for the research follow:

- What have been the life experiences and patterns of children and families from Head Start?

- In what ways have the experiences of Head Start played a role or made a contribution to the lives of children and families?

- How do aspects of programs (e.g., health, educational curriculum, parent training, support services to families, community service linkages) affect families, according to their perspectives?

- How well do Head Start graduates adjust in the transition to kindergarten and first grade?

- As children progress beyond the early school grades, what lasting effects of Head Start can be discerned in social adjustment and academic progress?

- What are people's perceptions of Head Start's impact and limitations?

The subjects in this study were 132 Head Start graduates, including 44 current first-graders, 44 fourth-graders, and 44 tenth-graders, including equal numbers of male and female students with a range in academic and social progress in school. Case studies about the former students were developed from interviews conducted by independent interviewers (not connected with Head Start) who separately interviewed former Head Start children, their parents, and their current school teachers. Subjects were randomly selected by researchers from High/Scope from lists provided by teachers from schools in which many former Head Start students are enrolled. Approximately 41% of the subjects were black, 41% white, 15% Hispanic, and

3% Asian American. The sample is representative of Head Start generally, but it was not designed to be a statistical random sample.

Separate interview instruments were developed by the Panel and High/Scope and High/Scope for the interviews with the parent(s), the child (including a separate interview for the tenth-graders), and the current teacher. The interviews were conducted by independent interviewers. The interview questions were aimed at gathering descriptions of the lives of the Head Start children and families at the time of Head Start and currently, their assessment of Head Start's effectiveness and lasting impact, and the teacher's description of the student's school progress. School records data were also collected. Other data collected included data from meetings with community groups and educators conducted to discuss their interpretations of a random selection of completed anonymous case study samples. Head Start Panel members and staff also conducted open-ended interviews with community leaders (e.g., school superintendents, social service directors) to explore their perspectives on the role of Head Start in the community.

A coding system utilizing a protocol question format and a computer word processing program was developed by High/Scope for systematic compiling and mapping of the data from the child (or youth), parent, and teacher interviews, and the school records. The treatment of the data included validity and reliability procedures.

The resulting case study data are rich in quotes as well as illustrations of Head Start's role and should provide a fertile resource for reports at various levels. The main audiences for this information include researchers, Head Start and public school educators, other human service agency leaders, policymakers at the local, state, and national levels, and the general public. This case study data will also be a resource for the Panel to identify further research directions. These case study narratives will also be useful to the Panel for promoting further discussions with teachers from the school system, human service agency personnel, and others for the purpose of enhancing communication and collaboration efforts to further transfer the impact of Head Start.

The case study data are now completed for all cases and these data are being used by the High/Scope researchers for the analyses of primary and secondary patterns of responses for the group as a whole and for subgroups. The protocol data are also being edited into a highly readable narrative format to serve as a case study archive for further analysis by the Panel and community review groups and other interested researchers. Fictitious names are used and any potentially identifying aspects of family description are changed, such as place of work, to ensure confidentiality.

Interim Results

The present stage of the analyses yielded major patterns for the case studies and these patterns have been summarized and discussed in the interim report entitled, "A Follow-up Study of Head Start's Role in the Lives of Children and Families." In addition to our analyses of the protocol data, which we used to determine the major patterns, we have also examined the community review meetings data and the community leaders' interviews.

The community leaders included public educators, mostly superintendents and other high-level school administrators, social service executive directors, health department executive directors and health agency directors and other community leaders such as a city council member, two ministers, and a judge. In total, 38 community leaders were asked to describe and discuss Head Start's impact on children and families including contributions, problems, and limitations of Head Start, and ways to further enhance its contribution and coordination with other agencies.

The convergence between the majority of the case study data derived from the first-, fourth-, and tenth-grade Head Start graduates, their families and teachers, the data from the community leader interviews, and the responses to the community review meetings provide a strong consensus about the nature of Head Start's role in the lives of children and families.

In what ways then do they think Head Start played a role in their lives, had an impact, or left an impression?

Four major patterns emerge from the data.

(1) Supporting and nurturing children. Head Start is viewed as providing broad, enriching activities and experiences. In addition to the preschool classroom activities, the field trips were especially remembered and valued by both children and parents. In general, the impression generated is that parents really appreciated the kind of help which was provided. In many cases Head Start appears to be the only source of external support and nurturance for a family or a mother.

(2) Readiness for school. Children's readiness for school appears to be well facilitated by Head Start in learning readiness and especially social adjustment. Parents and teachers and community leaders felt Head Start gave children appropriate kinds of classroom experience and positive enhancement of their motivation and desire for learning and achievement.

(3) Providing direct services to children and families. The provision of direct services to families is especially evident in the areas of health and nutrition--providing immunizations, vision and hearing screening, and physical exams as well as special needs referrals. Nearly every parent was very positive about the health and nutrition. Nearly every child now regularly sees the doctor and dentist for checkups.

Most of the children who had special therapy for a physical problem, such as a speech problem, did not continue to need therapy in elementary school. Many parents said the nutrition program resulted in their changing their food purchases and cooking for greater nutrition.

(4) Parental involvement and empowerment. It is clear that the parent involvement component of Head Start is a very positive one. The level of comfort, receptivity, and support for parents provided by the communication and the activities was very solidly praised by nearly every parent. In contrast, many parents are not at all involved in the schools today, according to them and according to the teachers. Many teachers complained about what they interpreted as a lack of interest and involvement in the child's progress and difficulties.

Although many parents are involved currently in their child's school, there appears to be fewer levels and types of opportunities for their participation in school than there was in Head Start. There seems not to be many offerings for the parents themselves such as workshops. From *workshops* and *parent involvement* in Head Start, many parents felt a lasting impact in one or more ways including seeking jobs, furthering education, helping them with their childrearing approach, improving their health and nutrition and their general outlook.

Illustrations of Specific Influences from the Parents' Perspectives

The parents' interview data is the most illustrative of the ways in which Head Start influenced the lives of the children and families. To gain a more complete picture of the ways that Head Start influenced and empowered the children and families, I would like to now quote from parents about their perspectives of Head Start and its role in their lives. Ten major questions from the protocol coding system are useful for summarizing the major patterns of the primary and secondary influences and effects as stated by the parents.

Major Parent Perspectives from the Case Studies

(1) WHAT KINDS OF GENERAL VIEWS DO PARENTS HAVE ABOUT HEAD START'S CONTRIBUTIONS?

Rosa's mother:

> *"Head Start is great. . . . They were like second parents to the children. It's fun the way they teach the kids. . . . It was a beginning of a new life for our kids. Head Start provided help with an attitude of helpfulness."*

- Parents thought that Head Start provided broad, enriching activities and experiences.
- Parents liked the impact Head Start had on their children, particularly: growth and development, kindergarten readiness, and social development.
- Most parents liked being involved with Head Start staff and many liked being involved with other parents.
- Nearly every parent felt that the Head Start staff was adequately to well qualified and that they communicated very well with them.

(2) DO PARENTS THINK THAT HEAD START MADE CONTRIBUTIONS TO THEIR CHILDREN'S HEALTH AND/OR NUTRITION?

Sam's Mother:

> *"They provide healthy meals for the kids."*

Mickey's mother:

> *"Head Start taught Mickey which foods were good for him. They made him try nutritious food such as broccoli and he liked it! Now we plant it in our garden."*

- Nearly every parent was very positive about the health and nutrition.
- Nearly every child now regularly visits the doctor and dentist for checkups.
- Many parents said the nutrition program resulted in their changing

their food purchases and cooking for greater nutrition.

(3) WHAT ARE PARENTS' ASSESSMENTS OF CHILD'S SOCIAL/BEHAVIORAL LEARNING AND DEVELOPMENT DURING HEAD START?

George's grandmother:

> *"He started out being shy, but at Head Start he just opened up... and he learned how to be responsible."*

Julie's mother:

> *"Head Start helped with her self esteem and confidence. She learned how to communicate better with others."*

Mickey's mother:

> *"Mickey learned to share more and to relax and not get upset about things."*

- Parents say children learned to play and get along with others.

- Many parents feel their children were shy and quiet when they began Head Start, but the children learned to become more outgoing.

- Parents feel children became more independent.

(4) WHAT ARE PARENTS' ASSESSMENTS OF CHILD'S LEARNING AND DEVELOPMENT (E.G. LANGUAGE, MEMORY, PRE-READING, ETC.) DURING HEAD START?

Filipe's mother:

> *"He learned English very quickly at Head Start and learned to enjoy talking. The staff helped him to learn the language."*

Sara's mother:

> *"They helped with her thinking skills. It taught her to think before answering, without just guessing."*

Jamey's mother:

> *"He learned how to print his name and letters and numbers. They learned colors. It teaches them to stop, think, listen, concentrate."*

- Most parents felt that Head Start helped the children to learn their "ABCs", their "numbers" and to begin handwriting and reading.

- Most parents felt that their children learned to concentrate better, listen to the teacher, and many mentioned that they learned to solve problems at Head Start.
- Many parents indicated that Head Start helped their children in

overall language development.

(5) WHAT ARE PARENTS' ASSESSMENTS OF THEIR CHILDREN'S READINESS FOR SCHOOL?

Julian's mother feels that Head Start is:

> *"... a good deal. They gave the children a head start on kindergarten and first grade." Julian's older brother did not go to Head Start and did not know how to read very well and has had behavior problems in school."*

According to Julian's mother, the Head Start teacher:

> *"...really did a lot for him. He was learning because he'd come home from Head Start with different things he learned. Everything was new to him and it was exciting...I liked Head Start because they could teach him things I couldn't teach him here at home. He also learned to communicate with other children and to do things on his own."*

* Parents say their children learned to follow the rules and routines of a classroom.

* Head Start provided effective readiness and motivation for classroom learning.

(6) HOW HELPFUL WAS HEAD START FOR CHILDREN WITH SPECIAL NEEDS?

Johnny's mother:

> *"They helped him with his speech. He doesn't have any speech problems now in first grade."*

Mickey's mother:

> *"He needed more language and speech development at an even earlier age."*

* Most children were clearly helped by the special needs identification and interventions during the period of Head Start.

* Many of the children who had special therapy for a physical problem, such as a speech problem, did not continue to need therapy in elementary school.

(7) HOW INVOLVED IN HEAD START WERE PARENTS? IN WHAT WAYS?
ARE PARENTS INVOLVED IN SCHOOL ACTIVITIES NOW?

For example, in Head Start,

> *Angela's mother, who also worked part-time, attended parent meetings, got involved in all the special events and served on the policy council.*

She also made friends with parents, some of whom she still sees.

As Emily's mother put it:

"...the parent meetings were helpful--like a support group."

Nathan's mother:

"I was tickled. I got him out of the house for a little while, but I ended up going to school with him three quarters of the time. There were a lot of things going on for parents." She attended social events and helped out with parties, fund-raising, chaperoning field trips and helping the children in the classroom.

Jo Anne's mother:

"...the parent involvement makes parents more aware of their child's ability to learn at such an early stage. Head Start believes in a lot of parent-child participation and activities and functions. Head Start also made me more aware of what you can do as a group. We formed committees. It built my confidence. It gave us some clout."

- Most parents were moderately to highly involved in several aspects of the Head Start programs, e.g. field trips, parties, classroom visits, workshops, etc.

- The most frequently and enthusiastically mentioned activities were field trips and the graduation ceremony.

- In the children's current schools, most parents attend 2-3 parent-teacher conferences, 1-2 school meetings or events, communicate with school personnel when there are problems, and they monitor their children's homework.

- Overall, there is less involvement between parents and their children's current school than there was between parents and Head Start.

(8) BECAUSE OF HEAD START, DID PARENTS OR FAMILY MEMBERS MAKE CHANGES IN ATTITUDE, BEHAVIOR, OR LIFE SITUATIONS, SHORT-TERM OR LONG-TERM?

Ann's mother:

"I learned a lot about how to teach Emily to prepare her for school. Head Start gave me a different outlook than I would have had on my own. It helped inspire me to learn more."

Tom's mother felt that their involvement in Head was a:

"... growing experience--growth of the child and the family."

Sara's mother:

"From money management classes, I learned not to budget money I don't

have. From involvement in Head Start I learned to discipline the children instead of yelling and screaming. Head Start also helped me to find ways to go back to school."

Steve's mother:

"They were very helpful in being understanding...having an understanding person listen to you. That was when we were first looking into getting food stamps. They were very confidential and helpful...The director helped me get funds for my husband to take a class in woodworking."

Judith's mother:

"...going to Head Start made me feel important. Now it's my turn. I'm going back to school too."

* Many parents feel that Head Start had a lasting effect on them or their children or family members in a variety of areas.

* Many parents felt the involvement from workshops and other activities had a lasting impact on them in at least one way: seeking jobs, or further education, or helping them with their child rearing approaches, or improving their health and nutrition and their general outlook.

* Parents say that Head Start made them more aware of the importance of regular health care. Children receive routine health care checkups and regular dental care.

* Many parents mentioned that the information about nutrition was helpful to them (meal planning, cooking, health, etc.).

* Through a variety of ways (teachers, workshops, parent meetings, etc.) parents say Head Start taught them positive ways of childrearing, e.g., positive discipline, being more aware of their children's needs, enjoying doing things with their children, and so forth.

* Some parents feel that Head Start helped with seeking further education and/or employment.

* Many parents feel that their children got a good, lasting start in their education from Head Start.

(9) WHAT ARE THE PARENTS' GENERAL EXPECTATIONS OF THEIR OWN CHILDREN'S ACHIEVEMENT AND FUTURE GOALS? ANY SPECIFIC GOALS MENTIONED?

Alyce's mother:

"I don't want to expect too much of her."

Johnny's mother:

"I expect him to finish 12th grade. If he wants to go to college. Fine."

Mary's mother:

"All the way. I'd like to see him get a college education."

- Parental expectations varied for their children's long-term achievement.
- Almost all parents expect their children to finish high school.
- Some parents expect their children to go to college or get a technical degree.
- Most parents said they expected their child to complete high school and get a job, and hopefully, some college, but most also commented:

"... it's up to him or her, if he (she) wants to."

- Many parents emphasized that they want their children to be happy in their lives.
- Children have a high degree of awareness about their parents' expectations.

(10) WHAT WERE PARENTS' VIEWS ABOUT HEAD START'S LIMITATIONS, AREAS IT COULD HAVE HELPED MORE OR DID NOT HELP AT ALL?

- Parents whose children had serious academic difficulty in one or more subjects (e.g., reading or math) especially wished there had been some kind of individualized help for their child in Head Start to prevent the present problem.
- Many parents feel Head Start should be available for all children.
- Some parents mention they felt Head Start should be an all day program.
- Some parents indicated that they thought more of the parents should become more involved in Head Start.
- Many parents say they couldn't think of any way Head Start could improve.

The parent data are especially compelling in illustrating how effective Head Start is in empowering parents. It is clear from the data that parents perceived a sense of belonging during their Head Start experiences. Through their participation in Head Start and from their communications with Head Start staff, the parents appeared to feel that they belonged when they were at Head Start and that Head Start belonged to them. Thus we get a picture of Head Start as a forceful and effective institution in low-income communities where families often feel segregated and alienated from society and from the educational and service institutions that provide help and opportunities for overcoming poverty and its trappings.

This research illustrates the key leadership that Head Start is already in a position to play in low-income communities. It is clear that Head Start has the trust of families. The families found their involvement to be energizing and empowering. They felt that Head Start provided them with broadening opportunities and experiences for furthering their own learning and development. The Head Start data from this research illustrates that parents do get involved in the public schools, but would likely be more involved given expanded opportunities. Head Start staff should be encouraged to seek greater communication and collaboration with schools and social service agencies to:

(1) expand the transference of children's and parents' learning and development through parent involvement initiated during the Head Start experience;

(2) assist schools in developing workshops and courses aimed at providing educational opportunities that will enhance parents' knowledge and skills and provide a bridge to degree programs, e.g. GED, community college programs, and so forth;

(3) develop specific job-training courses to foster increasing economic self sufficiency; and

(4) increase the communication between Head Start and public school teachers.

In relation to this latter recommendation, nearly all of the first- and fourth-grade elementary teachers were unaware of their students' Head Start experience. Records from Head Start did not typically get into the student's school file or were not checked. This is just one example of the clear need for better communication between the teachers and Head Start. Better communication between Head Start teachers and teachers at various levels in the elementary school would seem to be mutually beneficial in curriculum planning, parent involvement, and transition to school to enhance the lasting effects of Head Start's early gains.

Expanding Head Start to a full day and providing Head Start for all eligible families were mentioned as needs by parents and by community leaders. Some community leaders also pointed to a need for better physical facilities, more in-service teacher training for continued enhancement for the curriculum, and increasing staff salaries and benefits.

It is clear from our analysis thus far that the case study data provide a rich base for identifying the contributions of Head Start to the lives of children and families and the way these are accomplished. It is also an additional source of new questions for further research investigations and program development.

We expect that the further analyses that we are beginning with subgroups (e.g., parents with varying degrees of involvement with Head Start activities) will reveal the different kinds of needs that may indicate areas for Head Start program development. Similarly, with regard to the parents, we will be concerned with their own progress in education and employment and whether this relates to the children's progress in school. The quantitative analyses we are conducting will enable us to provide some further descriptive statistics for the case study data.

The final overall report will include more detailed illustrations and quotations from the cases, the comparative analyses of the subgroups, full cases featured as prototypes of the differential impact of Head Start on children and families, and summary descriptive statistics. Directions for further research and program development will be proposed. The interviews, procedures for the data analysis, and the case study narratives will be provided in the appendices. The Head Start Panel members will disseminate the final results in publications and presentations to local, state, and national groups as well as to the general public.

The **Chairman**. Dr. Parker.

Dr. **Parker**. Thank you, Senator Kennedy. My name is Steven Parker. I am a pediatrician, and I am director of the Developmental Assessment Clinic at Boston City Hospital. My clinic evaluates children age 0 to 5 with developmental and behavioral concerns who are growing up in Boston's inner city.

I, like many of you, are a witness in the story of poverty's impact on families and young children. Most are familiar with the increasingly publicized failure of many children growing up in poverty, the staggering school dropout and failure rates, the scourge of drugs, of crime, of social failure. But I am here to tell you that these failures are evident long before they hit the news. At Boston City Hospital our developmental surveillance reveals a full 28 percent of the children age 0 to 5 coming through our doors are already in need of therapeutic developmental services. A full 50 percent of the children who come to my clinic suffer from delays, language, cognitive, emotional.

How can this be so? We believe children growing up in poverty experience double jeopardy; that is, they are exposed more frequently to circumstances that can inhibit the achievement of their full human potential.

I need not recount to you the familiar litany of adverse circumstances associated with poverty that parents recount in my clinic: the malnutrition, the stress, depression, homelessness, drugs, crime, medical illness, the demoralization of it all.

Not only are children exposed to these problems at ever higher rates, but poor children appear to be more vulnerable to their adverse consequences. So children living in poverty experience double jeopardy in that they are more frequently exposed to risks to their long-term development and they also experience more adverse sequelae from these risks.

The situation is nothing less than heartbreaking. As a young medical student, it was the hope and promise attendant with the birth of a baby that drew me to pediatrics. To now witness that promise, that potential for advancing the human race, the hope for our future that each baby represents, to witness that spark being slowly and inexorably extinguished in young children is a constant source of sadness and anger.

In our clinic we witness the fallout of poverty and often feel helpless to truly help many families. We often feel like we are throwing the single small inner tube to a family drowning in a sea of woes. A few benefit from the meager available resources, but most need much more.

The currently available services are far too few in number, but additionally may be fragmented, uncoordinated, and difficult to access, not comprehensive enough and often come too late for many families.

Because of the experience of Head Start in the past quarter century, we know what poor families with young children need. Thanks to Senator Kennedy's legislation, 12 comprehensive child development projects have been funded across the country. I am pleased to have been a part of Boston's successful grant application for a comprehensive child development project called Project AFRIC—Advancement for Families Rich in Children.

Project AFRIC is a true collaboration between the community it serves in inner-city Boston and numerous professional agencies, including Boston City Hospital, Dimmick Community Health Center, Page Academy, Martha Elliott Health Center, and others.

Really, Project AFRIC is a godchild of Head Start and is dedicated to providing families with all the services they require to succeed. These include prenatal counseling, health care, day care, early intervention, preschool education, family advocacy, social support, employment, housing, and drug counseling, whatever it takes for that family to make it.

We feel our responsibility to be very great to make this program work for the 120 families in this demonstration project. And work it will. As the idea of Head Start advances toward the millennium, the comprehensive child development projects across the country are busily creating comprehensive, continuous, user-friendly services to prove for once and for all that such an investment in our children is no luxury, it is in fact the key to our evolving into a Nation in which that promise inherent in every newborn baby's cry is fulfilled.

Thank you. [Applause.]

The CHAIRMAN. Thank you very much.

[The information supplied by Dr. Parker follows:]

0031-3955/88 $0.00 + .20

Double Jeopardy: The Impact of Poverty on Early Child Development

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It is clear that poverty places children at risk for a variety of adverse behavioral and developmental outcomes; it is less clear why this is so. Children growing up in similarly impoverished environments commonly have very different outcomes. Even within the same family, one child may fail while another excels. The risk factors associated with poverty frequently, but not invariably, lead to untoward outcomes for children. In this article we shall discuss the mechanisms by which poverty impacts on early developmental functioning and suggest interventions to ameliorate these effects.

Children living in poverty experience double jeopardy. First, they are exposed more frequently to such risks as medical illnesses, family stress, inadequate social support, and parental depression. Secondly, they experience more serious consequences from these risks than do children from higher socioeconomic status. It is the synergistic double jeopardy of increased exposure to and greater sequelae from environmental risks that predisposes children living in poverty to adverse developmental outcomes.

It is important to acknowledge an important limitation of the literature in this area: an inordinate emphasis is placed on the intelligence quotient (IQ) as an outcome measure. IQ tests are easily quantified and widely used. However, there are many other aspects of early childhood functioning of equal importance. Outcomes such as a child's sense of mastery, self-esteem, motivation to learn, and joy in life are rarely addressed. Consequently, the complexity and richness of childhood functioning are notably absent from most studies. The available data provide a very limited understanding of the impact of poverty on child development and, if anything, underestimate its true cost.

POVERTY AND CHILD DEVELOPMENT: A TRANSACTIONAL MODEL

Early theories of child development implied that negative developmental outcomes could result from a single risk factor, such as an early insult to the central nervous system. This approach is called the *main effect* model and implies a linear cause-and-effect relationship between risk and outcome. It was best articulated and gained wide acceptance after a retrospective study by Pasamanick and Knobloch,[illegible] in which they hypothesized a "continuum of reproductive causality" to describe the relationship between perinatal factors (e.g., perinatal asphyxia, low birthweight, delivery complications) and poor outcomes (e.g., cerebral palsy, epilepsy, mental retardation, or learning disorders).

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With such a model in mind, researchers in the 1970s were confronted with a curious fact: the best predictor of long-term developmental outcomes for infants born at risk was parental socioeconomic status (SES), rather than the type or degree of neonatal illness. For example, in a landmark followup study of 26,760 infants enrolled in the National Collaborative Perinatal Project, SES and maternal education were the factors most predictive of children's intellectual performance at 4 years.[illegible] This finding was unexpected to the researchers, who included 158 biomedical and only 11 social-behavioral independent variables in their analysis.

Perhaps the most elegant and sustained longitudinal study of developmental outcomes for children has been conducted by Werner.[illegible] Her group has reported data at 18 years on 88 per cent of all 698 children born in 1955 on the island of Kauai, Hawaii. A significant interaction between the quality of the caretaking environment and the amount of perinatal stress has been apparent at each stage of followup. For example, 2-year-old children from high SES who had experienced perinatal complications had mean IQ scores 5 to 7 points lower than children from the same social class with no perinatal problems. In contrast, 2 year olds from low SES with perinatal complications had IQs 19 to 37 points less than their unstressed counterparts.[illegible]

Werner found that children from high SES with the most severe perinatal complications had mean IQ scores similar to children with no perinatal complications from poor homes. The children with the most significant delays had experienced severe perinatal complications and grew up in the poorest homes. By 18 years of age, ten times as many children with poor behavioral or developmental outcomes lived in poverty than had been exposed to significant perinatal stress. Other studies[illegible] have since confirmed that poverty places children at greater developmental risk from perinatal insults.

In a recent study of 215 full-term children, Sameroff et al.[illegible] demonstrated the cumulative nature of social risk factors in predicting IQ at 4 years. These risk factors included: maternal mental health problems, maternal anxiety, impaired mother–child interactions, low maternal education, negative parental attitudes and values, unemployment, minority group status, inadequate social support, large family size, and stressful life events. Although these risk factors tended to cluster in poor families, a cumulative deleterious effect was evident regardless of SES. In the highest SES group, for example, the mean IQ of 4 year olds with zero to one risk factor was 120, compared to a mean IQ of 100 for children exposed to four or more risk factors. The lowest SES group demonstrated a similar trend, with a mean IQ of 113 associated with zero to one risk factor and a mean IQ of 91 with 4 or more risk factors.

These data demonstrate that SES is a marker for potential psychosocial risk factors that may lead to developmental and behavioral morbidity.[illegible] These factors additively or synergistically interact with the child's inherent strengths and vulnerabilities to shape outcomes. This viewpoint was articulated by Sameroff and Chandler in 1975 and called a *transactional* model of child development.[illegible] It evolved out of the studies that demonstrated developmental outcomes to be largely unexplainable solely by the presence or degree of a biologic insult such as perinatal asphyxia,[illegible] neurologic insults,[illegible] abnormal neonatal neurologic examination,[illegible] and prematurity,[illegible] unless these insults were of the most severe variety with clear organic

sequelae. In this model of development, outcomes can only be understood by considering the transaction between the content of the child's behaviors and the context in which they are manifested.

The transactional model addresses the dynamic interplay between the environment and the child. Characteristics of the child (e.g., genetic endowment, temperament, health) shape his or her responses to the environment. These interactions, in turn, transform environmental responsivity. Just as the child is shaped by his environment, so is the environment actively modified by the child. The child brings a host of attributes to the transaction. Three that have been particularly well studied are genetic endowment, temperamental style, and health status. These characteristics in part determine how the child will respond to the environment.

The environment likewise brings specific attributes to the transactions with the child. (In referring to environmental characteristics, the term *low SES* will be used interchangeably with poverty, although there are many other ways to define SES.) In a low SES environment, more risk factors for adverse developmental and behavioral outcomes are likely to be present. The most pertinent of these include increased stress, diminished social support, and maternal depression. These risk factors, in turn, exert their influence on the child through the quality of the home environment and the parent–child interactions, to name two of the most widely studied mechanisms.

As an example of a transactional view of child development, consider a child born at 34 weeks' gestation to a single mother living in poverty who received minimal prenatal care. Following a 3-week hospitalization, the infant was mildly hypotonic and had difficulty maintaining an alert state. The mother felt overwhelmed, depressed, and bereft of emotional support. The child's passivity engendered maternal feelings of inadequacy that resulted in a deepening of her depression. Positive interactions with her child were rare. The child did not look to the environment for stimulation and rarely vocalized. This further heightened the mother's feelings of inadequacy and depression. By 2 years the child was clearly delayed in his language and cognitive development.

What is the etiology of this child's developmental delays? Is it biologic vulnerability secondary to prematurity? Maternal depression? Temperamental passivity? Inadequate environmental stimulation? Insufficient social support? A transactional analysis considers all of these factors as operating together to shape this outcome. Each factor modifies and potentiates the other. Together they weave a complex pattern that cannot be understood by examining the thread of only a single risk.

While adding considerable complexity to the determinants of child outcomes, such a model also suggests practical strategies for intervention. Changes in any aspect of the ecology of the child's world (e.g., maternal depression) can create positive transformations in another (e.g., environmental stimulation). Although characteristics of the child and the environment are discussed separately in this article, these distinctions are arbitrary and for purposes of clarity only.

CHILD CHARACTERISTICS

Genetic Endowment

An analysis of the interaction between the child and her environment must begin with an understanding of the child's role in that transaction. No variable has been demonstrated to be a more powerful predictor of cognitive outcomes than the child's genetic endowment.

The most compelling data concerning the heritability of intelligence derives from comparisons of identical twins raised together or apart. In one study the correlation for cognitive development at age 36 years for monozygotic twins raised apart was 0.58, compared to 0.66 for identical twins raised together. In comparison, a summary of 11 studies found the average IQ correlation for adoptive siblings from different biologic parents to be 0.30. Although studies of adopted children demonstrate IQ scores about 6 to 10 points higher than their biologic parents due to the enriched environment of the adoptive home, their IQs are still more closely correlated to the biological than the adoptive parents. Thus, individuals with similar genotypes raised apart are far more alike in intellectual functioning than are individuals with disparate genotypes raised in similar environments.

Estimates of the contribution of genotype to the variance of IQs range from 40 to 60 per cent. This means that genotypes account for one half of the observed differences in IQs between individuals. Such data do not support strict nativists who believe genes are destiny, nor strict environmentalists who believe in the limitless potential for intellectual achievement in every person. Intelligence is malleable, but only within the limits circumscribed by a child's genotype.

Scarr and McCartney have proposed a transactional resolution to this nature/nurture controversy. They believe that the child's genetic endowment drives development by determining early responsivity to the environment. These genotypically determined responses not only shape the interaction with the environment but also influence the kind of experiences sought by the child. This active influence of the child's genotype explains the variability of outcomes for children raised in similar environments and the startling similarities in personalities and intelligence of identical twins reared apart. Poverty's risk factors may be attenuated by a resilient constitution or accentuated by a child who requires more environmental stimulation to achieve his or her true potential.

Temperament

Every infant is born with a distinct temperamental style. The importance of temperament in the developmental process was first highlighted by the pioneering work of Thomas and Chess. They describe temperament as the "how" of behavior, as compared to motivations (the "why" of behavior) and abilities (the "what" of behavior). Nine temperamental dimensions are identified in their model: activity level, regularity of biologic functions, approach/avoidance tendencies, adaptability, responsivity to stimuli, intensity of reactions, quality of mood, distractibility, and persistence.

Thomas and Chess followed a cohort of 133 middle-class children from birth to young adulthood to relate early temperamental characteristics to long-term outcomes. Forty per cent of their sample were described as having an "easy" temperament, characterized by a predominantly positive mood, high adaptability to change, and a positive approach to unfamiliar stimuli. Children with irregular biologic functions, withdrawal from novel stimuli, and intense expressions of mood were characterized as "difficult" and constituted 10 per cent of the sample. A third group, labeled the "slow-to-warm-up child," constituted 15 per cent of the sample. The remainder of the children did not fall into any category.

Children with difficult temperaments were more likely to have behavioral problems in the first 5 years of life. By early adulthood, however, this relationship was not seen. In analyzing the development of each child, Thomas and Chess found the nature of the interaction between the child's temperament and the environment to be the best predictor of long-term outcomes. They rated this interaction by its "goodness of fit." If the environmental expectations were compatible with the child's style, healthy development occurred. When the environment made inappropriate demands on the child, especially in relation to his innate temperament, a poor fit resulted, which left that child vulnerable to behavioral dysfunction in young adulthood.

Temperamental characteristics have not been directly associated with SES. However, an easy disposition may moderate the impact of stress on a child. In the Kauai Longitudinal Study, for example, temperamental traits considered rewarding to caretakers, such as social responsiveness and a normal activity level, were associated with fewer learning and behavioral problems at age 10 years. Children who are more adaptable, less intense, and more responsive are less likely to manifest behavioral problems when stressed. Additionally, children with a positive mood, high regularity, and high adaptability are less likely to be the target of parental hostility, criticism, and irritability. Difficult temperaments are associated with a higher incidence of physical abuse when other family stresses are also present. A child with a difficult temperament is a source of added stress, especially to parents who already feel overwhelmed and unsupported.

Biologic Insults

Children born into poverty are at greater risk for a host of biologic insults that can affect outcomes. The data support both a higher prevalence and greater sequelae of illnesses for poor children. In the prenatal period, for example, low SES increases the risk of contracting a cytomegalovirus (CMV) infection. Infants infected with CMV from poor families have lower IQ scores and 2.7 times more school failure than do matched controls. In contrast, these outcomes were not seen for infected infants of middle or upper class backgrounds. Poverty exposes children to double jeopardy from CMV infections: more exposure and greater developmental morbidity.

There are numerous other examples of increased biologic risks for children in poverty that are detailed in this volume. Prenatal insults to the developing nervous system from maternal drug use, malnutrition, intrauterine infections, or other medical illnesses are more common. The incidence of low birthweight is two to three times higher and developmental morbidity greater in low SES groups. Poor children are also far more likely to experience lead poisoning, failure to thrive, otitis media, and other infectious diseases. In reviewing the effects of biologic insults on child development, Shonkoff concludes that children in poverty "carry a disproportionate burden of biologic vulnerability that is largely related to the increased health risks of poverty. . . . Their developmental outcomes will be determined by a highly complex series of transactions among a great number of biological and environmental facilitators and constraints." In the next section some of these environmental constraints will be discussed.

ENVIRONMENTAL RISKS

Stress

The concept of stress was introduced by Hans Selye in 1950 to explain a number of physiologic disorders caused by hypersecretion of the adrenal gland. The psychogenic causes of stress have since been catalogued, but there is still no consensus as to its definition. Most recently, Garmezy and Rutter have defined stress as a stimulus "requiring a change in adaptation (strain), mental state (distress), and bodily reaction or response."

People living in poverty experience stress more frequently and more chronically than do middle and upper class families. For example, Roghmann et al. examined the rates of stressful life events in different social classes. The incidence of major stressors (e.g., housing problems, financial shortfalls, death of a relative or friend, school difficulties) was two to four times greater for mothers with incomes of less than $6000 (in 1969) than for those with more financial resources. Stress appears to be especially high for poor women with children under 6 years of age.

In addition to a higher frequency of stressful events, there is evidence that stress begets stress. For example, inadequate financial resources greatly exacerbate the problems experienced by children and parents in divorced families. Equivalent levels of stress also engender more clinical depression among women from lower SES. Chronic stress, in the form of unemployment, lack of material goods, and so forth is also more prevalent in poor families and far more likely to have negative consequences than acutely stressful events.

Stress is associated with adverse consequences for parents and, directly or indirectly, for children. Children from highly stressed environments are at increased risk for a variety of developmental and behavioral problems, including poorer performance on developmental tests at 8 months, lower IQ scores and impaired language development at 4 years, and poorer emotional adjustment and increased school problems at school age. This last relationship is strongest for children in low SES/high-stress families and much less apparent for children in high SES/high-stress families. These findings suggest that the psychological and material resources associated with higher social class buffer families from the vicissitudes of stress.

Increased stress interferes with the mother's ability to respond appropriately to her infant. It has been associated with impaired bonding behaviors between mothers and their premature infants and less positive interactions at 4 months. Toddlers in families exposed to high stress appear to be less secure in their attachment to their mothers regardless of social class. There is also less consistency of attachment behaviors over time by these infants. It is well established that insecure attachments are associated with an increased risk for subsequent behavioral and emotional problems. The data suggest that stress causes negative outcomes by inhibiting positive interactions and the attachment between parent and child.

Inadequate Social Support

Social support is defined as "the availability of meaningful and enduring relationships that provide nurturance, security and a sense of interpersonal commitment." The benefits of social support fall into three categories: material supports (e.g., day care, nutritional supplements, availability of emergency help), emotional supports (e.g., friendships, counseling), and information/referral services (e.g., community resource availability, child-rearing techniques). Social support may derive from formal networks (e.g., health care providers, educational services, or peer groups) or informal networks (e.g., family, friends, or the media).

Families living in poverty are at greater risk for experiencing inadequate social support. The most common problem mentioned by poor families living in hotel rooms, for example, is the lack of emotional support. Pascoe et al. demonstrated an association between low SES and low social support. Single parents are especially susceptible to social isolation. Since the absence of social support is particularly damaging to families under stress, their children are again placed in double jeopardy. For example, low levels of social support are associated with decreased cognitive abilities at 8 months, more behavior problems among 5 to 8 year olds, lower IQ and receptive language skills at 4 years, and a higher incidence of child abuse.

Social support exerts its influence on childrens' development by direct and indirect means. Indirect effects occur by providing parents with access to emotional support, material assistance, external monitoring of their child rearing practices, and positive role models. These are especially important for infants and young children, who frequently have little contact with anyone other than their primary caretakers. The direct benefits of providing the child with cognitive and social stimulation, emotional support, positive role models, and a widened social network may play a larger role, especially when they are lacking in the child's home environment.

Adequate social support has been associated with enhanced parental functioning. Mothers with high social support appear to be more satisfied with their lives in general and feel more positively about their maternal role. Additionally, the protective role of social support in reducing the incidence of maternal depression, anxiety, and other psychiatric problems has been well established.

More positive parent-child interactions are seen in families with helpful support networks. Mothers who feel supported, for example, use less punishment and are more responsive to their 8-month-old infants and are more actively involved with their infants in general. They continue to exhibit more optimal interactions with their children at 2 to 4 years. This improvement in mother–child interactions helps to explain the positive relationship found between social support and secure attachment behaviors of toddlers who had been irritable infants.

In addition to enhancing parent-child interactions, the presence of adequate social support is associated with a more stimulating and appropriate home environment for the child. Pascoe et al. demonstrated that, regardless of stress levels, mothers who reported more social support provided more stimulation to their 3-year-old infants. Strong associations also were seen between social support and a more organized physical environment, the provision of appropriate play materials, and a wider range of available stimulation for the child. Numerous studies have shown the quality of the home environment to be one of the most powerful predictors of developmental outcomes for children. By enabling stressed parents to fashion a more stimulating and responsive environment, social support can improve outcomes for children.

Maternal Depression

Depression is defined as a mood characterized by sadness, helplessness, gloom, loss of interest, emotional emptiness, and a feeling of "flatness." Inadequate financial resources, lower educational attainment, recent immigrant status, race, dissatisfaction with housing, stressful life events, and inadequate social support can all contribute to an increased incidence of depression. With these risk factors in mind, it is not surprising that numerous studies report an association between low SES and depression. Brown et al., for example, described the prevalence of depression in a London borough as 5 per cent for middle class women and 25 per cent for lower class women.

Mothers of young children are at much higher risk for becoming depressed. The prevalence of depression in such circumstances has been estimated from 12 per cent (when strict diagnostic criteria are used) to 52 per cent (when self-reported symptoms are used). The younger the mother at the time of her first child and the greater the number of young children, the greater the risk for depression. Low SES mothers of young children are therefore the most vulnerable for depression and, in conjunction with poor social support and increased stress, may experience the most severe consequences.

Maternal depression has been linked to adverse health outcomes for their children such as lower birthweights, more accidents, failure to thrive, complaints of headaches and stomachs, and more surgical procedures. Maternal depression also is associated with a number of negative behavioral and developmental outcomes for children, such as sleep problems, depression, attention deficit disorder, socially isolating behaviors at school age, and withdrawn and defiant behaviors during adolescence.

A number of studies have examined the mechanisms underlying these associations. Three-month-old infants will respond negatively when their mothers simulate a depressed mood. Depressed mothers have been shown to display less spontaneity, more unhappy affect, fewer vocalizations, and diminished physical contact with their 4 month olds. These infants already manifest fewer vocalizations and happy expressions toward their mothers. By the toddler stage, maternal depression is associated with infants demonstrating anxious and avoidant behaviors toward their mothers following a brief separation. The level of negative child outcomes engendered by maternal depression appears to vary with the degree to which depressive symptoms are evidenced in the parent–child interaction.

Maternal depression, like stress and diminished social support, places children living in poverty at double jeopardy for poor outcomes. These risk factors are highly intercorrelated and their effects are synergistic. Stress is exacerbated by a lack of support. Depression inhibits seeking adequate supports. The cycle becomes self-perpetuating because stress causes more depression, which elicits less support, which causes more stress. Ultimately, through the parent–child relationship and the quality of the home environment, these risks are passed on to the child.

PROTECTIVE MECHANISMS: STRESS-RESISTANT CHILDREN

We have discussed the world of children living in poverty as filled with potential risk factors that through their transactions with the child, lead to negative outcomes. However, as Garmezy noted over 15 years ago:

> In the study of high risk and vulnerable children, we have come across another group of children whose prognosis could be viewed as unfavorable on the basis of familial or ecological factors, but who upset our prediction tables and in childhood bear the visible indices that are the hallmarks of competence: good peer relations, academic achievement, commitment to education and to purposive life goals, early and successful work histories. . . . Were we to study the forces that move such children to survival and to adaptation, the long range benefits to our society might be far more significant than our many efforts to construct models of primary prevention designed to curtail the incidence of vulnerability.

Some view the issue of vulnerability versus resiliency as more semantic than real. Rather than designating "risk factors," one can as easily call their opposite "protective factors." If low social support is a risk factor, then high social support must be a protective factor. However, protective mechanisms are more than merely the absence of risk factors. The process by which resiliency occurs appears to be qualitatively different than that of vulnerability. For example, a shy personality protects against delinquency, but an outgoing personality does not predispose one to antisocial behaviors. Focusing only on vulnerabilities prevents an understanding of how protective mechanisms shield children from risk.

A constructive approach is to identify the factors that promote successful adaptation in children. In the past decade, efforts to understand "invulnerable" children have begun. Garmezy has proposed three categories of protective factors: (1) the personality characteristics of the child; (2) a supportive, stable, and cohesive family unit; and (3) external support systems that enhance coping and project positive values.

Recently, investigators have looked to the child's self-concept as a key determinant of successful outcomes. It is suggested that children with positive feelings of self-esteem, mastery, and control can more easily negotiate stressful experiences. These children elicit more positive experiences from their environment. They show initiative in task accomplishment and relationship formation. Even in stressed families, the presence of one good relationship with a parent reduces psychiatric risk for children. For older children, the presence of a close, enduring relationship with an external support figure (e.g., schoolteacher) may likewise serve a protective function. A child with a positive self-concept seeks, establishes, and maintains the kind of supportive relationships and experiences that promote successful outcomes. These successes enhance the child's self-esteem and sense of mastery, which leads to further positive experiences and relationships. The cycle of success can be as self-perpetuating as that of failure. One goal of social support and therapeutic interventions must be to establish environments and relationships for the child that promote a positive self-concept.

IMPLICATIONS FOR INTERVENTION

The developmental costs of poverty for children are excessively high. Approximately two thirds of all children who test as mildly retarded have grown up in poverty. The cost to society can be measured in terms of school dropout, unemployment, delinquency, unwanted pregnancies, and the intergenerational perpetuation of failure. Successful interventions require both the amelioration of risk factors and the enhancement of protective mechanisms.

The care of adolescent mothers and their infants is an example of the necessity of such an approach. It is known that the adolescent mother's nutritional status plays an important role in the increased incidence of low birthweight among their infants. The child's subsequent developmental and social functioning will be related to birthweight, as well as social support from the maternal grandmother, the level of involvement of the baby's father, and the mother's mental health status. Optimal interventions for adolescent mothers should address all of these factors by providing ongoing nutritional, emotional, and psychological support for mother and child.

The most ambitious and comprehensive intervention of this type has recently begun in Chicago. This program, called the Beethoven Project, is providing pregnant women living in poverty and their children with nutritional, medical, educational, and social support from the prenatal period through the first 5 years of the child's life. It is an exciting effort that addresses child health and the ecology of family functioning in an early, continuous, and comprehensive fashion. If it proves successful and cost effective, it will serve as a model program in the future.

Transactional theory implies that even partial interventions may benefit other areas of functioning. For example, improving the health status of children can lessen their vulnerability to a disorganized home environment. Interventions also have benefits beyond their intended scope. The first studies of the Head Start programs, founded in the 1960s, revealed only short-term gains in IQ scores. More creative researchers then looked at other areas of functioning and discovered marked long-term benefits in such areas as diminished special education services and less grade retention. Subsequent studies have demonstrated that early intervention services decrease juvenile delinquency, teenage pregnancy, and unemployment during young adulthood. These studies have lead the House Select Committee on Children, Youth, and Families to estimate that every $1.00 spent on preschool education saves at least $4.75 in later educational and social costs.

Early intervention is effective for children at biologic or environmental risk. Current research is examining the necessary and sufficient interventions to achieve long term benefits. Until this question is resolved, current wisdom dictates that interventions start early, be comprehensive, and continue for as long as possible.

The first level of intervention must address basic needs for children and their parents living in poverty. Such interventions are best accomplished by public health measures such as the provision of material support (e.g., food, shelter, and money) and accessible medical care. The emphasis on improved prenatal care for women at risk, for example, has reduced the incidence of low birth weight deliveries and saved $3.38 in medical costs for every $1.00 invested.[9] The developmental benefits of these interventions, although more difficult to quantify, may be even more impressive.

Pediatricians are comfortable with assessment and intervention for medical risks. However, the prevention of developmental and behavioral morbidity secondary to poverty requires a broader focus. During a health care visit the family's material resources for nutrition, housing, and other finances should be addressed. The clinician can evaluate the child's temperamental characteristics and the "goodness of fit" with the environment. The earlier a mismatch is identified, the more successful can be the interventions.

The clinician should also attend to potential social risks for the child in the environment. Is there significant family stress? Do the parents appear depressed and overwhelmed? What is the level of social support available for the family? What is the quality of the parent–child interaction seen in the office? What sort of home environment awaits the child after the visit? Any or all of these questions can be addressed in the medical setting. The answers will determine the appropriate interventions. For one family, social support in the form of a visiting nurse may be helpful. For another, advocacy for adequate housing is necessary. A third may require a comprehensive early intervention program to provide the child with adequate stimulation and emotional nurturance.

Finally, the clinician should try to identify these risks to developmental and behavioral outcomes as early as possible. Developmental screening tests alone, however, poorly predict long-term problems unless the context of the child's environment also is considered. Using such an approach at Boston City Hospital, early childhood educators have been integrated into medical settings such as the failure to thrive, lead poisoning, adolescent mother, and neurology clinics, as well as the inpatient wards. The goal has been to identify children in need of services to prevent developmental morbidity. The assessment includes not only developmental testing but an evaluation of the child's learning style, self-esteem, sense of mastery, the parent–child interaction, "goodness of fit," and health and social risk factors. Using this approach, 23 per cent of the first 853 children were judged to be in need of new or additional services. Health care settings provide the earliest and best opportunity to intervene with children at risk. The challenge for us all is to recognize risk early and draw on available resources to eliminate the double jeopardy for children living in poverty.

ACKNOWLEDGMENT

Support was provided by Academic Training Program in Behavioral Pediatrics funded by Bureau of Health Care Delivery and Assistance, Maternal and Child Health Branch (Grant #MCJ-009094), the Boston Foundation, and the Jessie B. Cox Charitable Trust. We thank Ms. Margaret Stanhope and Ms. Jeanne McCarthy for their help in preparing the manuscript for this article. Bill Harris's tireless efforts and commitment to improve the health and well-being of children living in poverty has been a special source of support and inspiration.

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The CHAIRMAN. Let me ask, Dr. Oden or Mr. Houlares, what do you think that your evaluation really discovered about the Head Start program that the other types of evaluation assessment kind of missed?

Dr. ODEN. Well, I will speak as the skeptical researcher. I was very impressed with the kinds of pictures and stories that parents told about their activities in Head Start, the ways that it made them feel to be involved in the classroom, to volunteer with events, to go to workshops. I got a very real sense as a researcher, and we have data full of illustrations, of the ways in which Head Start has its effect on families.

Many parents talked about a lasting effect, that the good start their children got in education, they could see evidence of it even in high school.

Many parents also talked about how they themselves had gone back to school, would not have done so otherwise, got employment, felt better about themselves and their situation, the sense of empowerment. And I think this is a picture that other kinds of research really isn't able to create because it's quantitative.

The CHAIRMAN. And they are looking for various scores or continued activity in school or other criteria which don't reflect sort of the holistic approach? Is that what you are indicating?

Dr. ODEN. That's right. We do have information on teachers' ratings of children's current school progress, and we are looking at that now.

Mr. HOULARES. I would just say in addition to that, Senator Kennedy, one of the things that the parents continuously mentioned in terms of the impact of the program is that the health care practices became much better, that because of the physicals and dentals done in the Head Start program, they continued to do that. Nutritional practices in terms of diet, food, menus, because they got that learning in the Head Start program, being involved in workshops. Children even up into the high school, the 10th grade graduates remembered the actual classroom setting. So the impact is tremendous in terms of the influence of the program and the caring of the teachers.

The support system of all the staff wanting to help and always being there for the parent and the children made a tremendous impact and impression on these children and families, as they reported in the interviews. Even to the bus driver.

The CHAIRMAN. Good.

Dr. Parker, again we appreciated all your good work in the development of the Comprehensive Child Development Centers Act, which obviously deals with a holistic kind of approach in terms of prenatal, well-baby care, and early support. And obviously what we are talking about in the Head Start, as we heard today, is carrying some of those benefits on through not only through the Head Start program but through the education system and, obviously, continuing.

But let me just ask you what you are seeing now in the development, again, of the AFRIC program here, how important the early intervention, continuity, and the parental involvement are. They seem to be of ongoing significant and are important themes that are generally self-evident, or should be perhaps. But they are messages that we have not, as a society, always been willing to embrace and support.

Dr. PARKER. I think I am pleased to speak here because for me the Comprehensive Child Development Centers grant was a godsend. We have always said for years and years, "If only we could do," "If only we could do for the families we see, we knew we could help them."

I think what Project AFRIC represents to all of us is the ability to finally do what we said we always wanted to do. That is, we involve parents, families living in poverty, very early—prenatally, hopefully—with our services, certainly before the age of 1.

We work to ensure the pregnancy is a healthy one so that there are no adverse risks to the child prenatally. Postnatally we are committed to giving the family whatever they need, and I think as the project evolves they will tell us more and more what they need rather than, as we are now deciding, what we think they need from what we have learned.

But we will offer them family advocacy, home visiting, developmental surveillance, early intervention, day care, counseling of all sorts. And I think that this represents really what we have all felt needed to be done for a long time.

I think what is on the one hand very compelling about this project is that it is a research grant. The intent is to show that the children who are involved with our services will do better than a control group of children who are not involved. The flip side of that is that it is going to be very difficult for us to enroll families for whom we do not provide services when we see them slipping away as we have seen so many families slip before. And I think that we know, as researchers, that this must be done on the one hand, and on the other hand it is, I think, going to be one of our biggest challenges to keep a true control group with whom to compare the families.

But I think we all believe that the Comprehensive Child Development Centers are focused enough in their research methodology that perhaps the debate that Dr. Zigler was talking about initially will be put to rest after these programs are shown to be successful, as I am sure they will.

The CHAIRMAN. OK.

Well, thank you very much. Maybe you would stay up here just for a few minutes. We have about 5 or 6 minutes left. It is not all the time that any of us would like, but we have to go on. If there is a brief comment, we would be glad to hear it.

We can come right over here if there is someone who wants to come up.

Come right up here, and we will just stay in place.

What will happen is we will have 35 people that will be coming right up and following me out that door, all with excellent suggestions. If you don't get a chance to talk, Shirley Sagawa will be here from the staff for our Human Resources Committee afterwards to see you. Or you can write down your thoughts and get them to us, and reference this hearing. She will give you the information.

OK. So just a minute, really, apiece, and after 6 or 7 minutes I am going to have to wind this up.

I want to thank all of our audience today. You have been extremely attentive throughout all these hearings, the moving of the furniture. I can't wait to find out what's been moving around back of us here. [Laughter.]

But you have been enormously attentive. I think it's a real reflection of the seriousness with which the subject matter should be considered. And I can tell that this is an audience who has both knowledge and very deep continuing concern about this issue, and I want to thank all of you for all of your attentiveness and your patience.

Yes. Just identify yourself, and the clock will run.

Ms. GALVIN. I am Marie Galvin.

The CHAIRMAN. I know.

Ms. GALVIN. I am the director of the ABCD Head Start program, and I do want to thank you for coming and seeing what we think is an ideal Head Start situation on the second floor.

I just want to make a mention of the parent-child centers, which were not addressed at this hearing. We in Boston have a parent-child center which services 100 infants and/or pregnant women.

And given the situation with the cuts in WIC, the WIC program, and the numbers of developmentally delayed children that we are seeing in the city of Boston, I would suggest—it reminded me when you asked the Drs. Zigler and Brothers about at what age Head Start should start—I think it really does need to start prenatally and at the age of 0. We see more and more developmentally delayed children in our program.

I am very concerned about that, and I would hope that the parent-child centers would get some attention and extra funding also.

The CHAIRMAN. Very good. OK.

Mr. FOX. My name is Bob Fox. I am a local school superintendent and also part of AASA at the national level. I would just like to follow up on Dr. Parker's last comment.

We have found here in Massachusetts that we can predict problems coming along, problems that will lead to special-needs education services later on. So I would like to say that we have found in our studies that if we could get at and work with the youngsters in the early childhood times, parents and teachers working together as we have been able to do, we found that we could put together groups that had a 95 percent chance of needing special services. 70 percent of those were stopped; we didn't have to pay the costs by those.

So I would like to emphasize there is a value, a dollar value, and here we are talking about dollars. While I am mentioning dollars—and my last point—would be I would like to underline this trust fund approach. I think it's the best way we have of getting at funding some of the services. I think we can do it. I think it can cover a large range of services. Schools are there to work with the Head Start workers. We have done it locally. We are going to continue to do it. We are going to need money here in Massachusetts.

Thank you very much.

The CHAIRMAN. Thank you very much.

Ms. PEPPIN. Good morning. I am Carol Peppin, family services specialist from the Brockton Self-Help Head Start.

The percentage of the children that we provide services for—the 20 percent I find just appalling that we have that many children that are eligible—however, we are not able to reach these families. And I think personally it is for two reasons: One is the recruitment, the fact that we all know that we do a terrific job for Head Start, and we know what the values of the programs are, we all have success stories that we could relate about our families and about our children.

But it goes to you, Senator Kennedy, and your colleagues in the government, the people that have the money. And they need to know what a wonderful job that we're doing and our success stories.

So therefore, what I think we need is more publicity. We need other people to know other than just the people who are in this room of what a terrific job that we're doing.

Also, in our program we just finished a program needs assessment, and we are finding that we are not meeting the needs of our families, because of the circumstances, because of the encouragement of our parents having to go to work now for two incomes, training because of the latest bill, the 1988 bill. We need 5-day, all-day, preschool. And we don't have the funds, we don't have the staff, and we don't have the space.

Again, I would like to look to you for that support because I think that's what we're going to need. That's the direction that we are taking, and in order for us to survive and for Head Start to survive, I think that is critical at this point. Thank you.

The **Chairman**. Excellent. OK. Thank you.

Mr. **Mahoney**. Good morning. My name is Ed Mahoney. I am the middle-level executive director; that is, middle-level junior high principals of the State of Massachusetts. I come here in support of the Head Start program, and if you don't mind, I will use my notes to say what I want to say. I will make them a lot briefer and try to read them. Otherwise, it wouldn't be short, believe me.

Recently I testified at the Ways and Means Committee of the State of Massachusetts, and in particular I noted the President and National Governors' goals for education for the 1990's to be in place by the year 2000. I really have no problem with the establishing of challenges and goals to be met. We in the educational field have and will continue to accept the challenge. But we need the assistance of the Federal and State Governments if we are to succeed.

It is not enough to set goals and sit back and wait and see if it will happen. It will not unless education becomes the Nation's number 1 priority backed by financial and legislative mandate.

The National Association of Secondary School Principals has testified before the Education and Labor Committees and in communications to legislators have urged the movement of a portion of the so-called peace dividend to bring the Federal priorities into sync with the national education goals.

Specifically, they have suggested $1 billion for Head Start, $1.75 billion for the child care early intervention.

I guess I would make one more statement. And I keep saying this the wrong way; that's why I have to make sure that I look it up. I am going to urge support to the increase in the ceiling of the functions 500. As I understand that, unless that gets increased, we will not have increases in our Federal education budget. So I urge that support. Thank you.

The **Chairman**. Very good. Well, I certainly agree with your observations about the goals. We were involved in trying to shape both the Governors' as well as the congressional goals, announced those in March, and it does seem to me that unless you are committed to providing the resources, you are engaging in some degree of deception in terms of what this whole effort is all about. That is something that you put your finger on and feel strongly about.

You know, I think it is really inexcusable, as a country and a society, that we aren't going to start designating funds that have been spent on defense—$300 billion a year—as the peace dividend. I am not going to get into the whole shebang at this particular meeting. But there are ample resources there, my friends, and we have got a changed military situation, I know as a member of the Armed Services Committee. For us not to really put the pressure on national leadership all the way down the line—Members of Congress, the Senate, and the executive—and demand this I think would be a mistake, a lost opportunity.

And certainly part of the purpose of this hearing is not only to hear the very substantial recommendations that were made and thoughtful ones and very helpful ones during this hearing.

But if we give this issue the elevation and the attention it deserves, then hopefully we can get in the Senate a start to this debate on the peace dividend and we will be able to get some positive results and the investment in this early education part. The Head Start program will certainly be key on my agenda. Hopefully, we can get that support across the country.

I want to thank again all of you for coming.

[Additional statements and material submitted for the record follow:]

HOLYOKE/CHICOPEE

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TESTIMONY FOR THE REAUTHORIZATION OF HEAD START

PRESENTED TO SENATOR EDWARD M. KENNEDY
on April 17, 1990
in Boston, Mass.
by Janis Santos, Executive Director
Holyoke/Chicopee Head Start, Inc.
Holyoke, Mass.

In my presentation I would like to bring attention to the problems that Head Start programs are experiencing in meeting the rising "cost of doing business" or non-personnel costs.

In Region I, Head Start programs are having difficulty meeting the increased costs of rent, utilities, medical insurance, general liability insurance and transportation.

Landlords are no longer willing to give donated space and in many cases are asking for the "commercial rate" of rental space which averages from $7.00 to $11.00 a square foot in my area. Costs may be higher in other areas of our state i.e. Boston or Worcester. Churches and schools are also asking for higher rents. These are places we usually rely on for low rents. In FY89, several of my program's rent costs increased by 100%. Over the past year, rents have increased in all of our Head Start centers. We are consolidating two classes into one site, i.e. a morning and afternoon class to save rent costs. This is not an ideal situation since children must arrive early in the morning for the first class and depart late in the afternoon for the second class. In the winter months, it is dark at 4:30 p.m. when the children leave the center.

In Massachusetts finding licensable space for centers to meet the building codes, plumbing codes, fire regulations, Board of Health and Office for Children regulations is contributing to increased costs. In some areas, the Building Department is requiring that according to plumbing codes, there must be two bathrooms in each classroom, i.e. one for boys and one for girls. Also bathrooms need to be handicapped accessible. Plumbing costs are extremely high for renovations to meet these requirements.

State required lead paint tests for classrooms are now averaging $200 since the state no longer does them. In Massachusetts the cost of licensing a classroom through the Office for Children has increased from $25.00 to $100 and relicensing is done every two years.

In relation to insurance, our general liability insurance has increased this past year by 50% and it is very difficult to find companies who will insure preschools. More serious is the rising cost of medical insurance for our staff. Over the past two years, medical insurance costs have increased by 50% in my program. Because of this, Head Start programs have had to ask their staff to assume a greater-portion of the cost of premiums for medical insurance. Our agency has put a cap on what portion we will pay for a single plan or a family plan. This is a hardship for many staff who are receiving low salaries.

In some programs, Board of Directors are requiring agencies to carry Officers and Directors liability insurance which averages our program about $5,000 a year.

Utilities, telephone, heat, and electricity have increased in my program anywhere from 15% to 20%. Many landlords are now asking that we pay for heat and electricity separately from our monthly rent costs.

Transportation costs have risen in the areas of maintenance, insurance, salaries for bus drivers and monitors and required training for drivers.

One Head Start program reports that over the past five years they have received a 12.4% increase in federal funds or an average of 2.4% a year. yet, their non-personnel costs have increased by 46% over those same five year!

The cost of living increases we have received are not adequate to meet these rising costs of doing business.

In closing, I would like to say that Head Start is a program that provides wonderful services to children and families, however we are a business and we need to think like a business. These costs are real and we need additional funding to meet these rising non-personnel costs.

Thank you for the opportunity to address this important issue.

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Senator Kennedy, Members of the Panel:

I would like to start by thanking you on behalf of the Board of Directors, staff, parents and children of Escuelita Agueybana, Inc for the opportunity of presenting testimony at this hearing.

Escuelita Agueybana is one of the few bilingual-bicultural Head Start programs in the New England region. It also offer services between 8:00 and 6:00. Parents are expected to be employed or enrolled in an educational program. Escuelita's mission is to serve the Hispanic population and to assist them with their economic development.

The mission of the Head Start Program is to offer pre-school education, provide health care services and screening, nutritional guidance, parental education and substantial parental involvement. The programs purpose is to serve the poorest of the poor.

When Escuelita started their association with the Head Start Program it was seen as an opportunity to continue to serve the poorest of the poor and to also help the group of people to strive toward financial gains.

In Massachusetts, according with a Boston Foundation study, Hispanics have not reached the economic level of the rest of the population. They can be counted as the underemployed, not the unemployed. According with the Head Start guidelines this group of people will not qualify for their services, since they are working and making a higher salary than what the poverty level is set at. Therefore, it is imperative to take a very closed look the economic standards set by the Federal Government in other to, at least in this state, continue to serve the poorest of the poor.

There has been a lot of discussion at the national level of developing some pilot programs that will operate between 8:00 AM to 6:00 PM to address the needs of the working poor. From our perspective as a program that receives Head Start funds and other funding sources to be able to operate for those hours, we can speak with experience about the need to change some of the guidelines governing Head Start programs.

Parental involvement is one of those regulations that needs to be addressed and scrutinized, what is parental involvement?...According with Head Start guidelines involvement is for parents to come in and volunteer certain hours during the day, to be part of a Policy Council that will dictate policy, assist with the hiring and be in constant contact with the program. How does a parent do all this things and at the same time try to find employment or attend school to raise themselves and their children from the economic level they are in? Where do you find an entry level job that would allow you to have the kind of time needed for this "involvement"? Where do you find a job that would allow you to come in at 9:00 and leave by 2:00 PM, in other for you to pick up your child from the Head Start program by 2:30? Are we saying that the parents that have their children in a paying child development program are not involved in their children's lives and education?

If we are to assist children from the early childhood level it is necessary to address this issues. We have to assist their parents to break the circle of poverty, and that cannot be achieved if parents are not working towards economic development. The children leave the Head Start program and return to the same economic situation and desperation being felt throughout their early childhood and that can account for the fact that the initial gains in intelligence and achievements in test scores does not extend beyond the elementary school level. Involvement should be re-defined as the ability of the parents to serve as positive role models for their children and to learn to praised education not only for their children but for themselves.

The staff of a traditional Head Start Program have children until 2:30 in the afternoon. Therefore, they have the time to deal with the massive paperwork need to comply with the guidelines of the program, to do home visits, and to attend training. If they are to work from 8:00 to 6:00, as our workers are expected to do, were is the time to do this activities? Although, they are very good ideas, and training is needed and should be encourage to improve the quality of live of the workers, we need to change the guidelines and the funding to accommodate this needs.

If the Head Start Program is to reach out to the 80% of the population they are currently not serving, significant changes have to occurred in their guidelines. The program will have to extend beyond the hours they are currently open and adjust to the needs of the 90s.

The Program is a very good idea, that needs, just like our children, to be nurture and given the opportunity to grow.

A FOLLOW-UP STUDY OF HEAD START'S ROLE IN THE LIVES OF CHILDREN AND FAMILIES

INTERIM REPORT

Summary of Key Results to Date

The results to date indicate a strong impact on the children's general social and behavioral readiness for kindergarten and elementary school and long-term motivation for learning. Long-term effects were found for the parents and children in obtaining regular health care. Children with physical handicaps were aided by Head Start's early intervention either by overcoming a problem (e.g., speech problem) or lessening the difficulty.

Parents felt very positively about the frequent and consistent encouragement and support provided by the Head Start staff for the children and for them. Children remembered the teachers and the experience very positively. The opportunities for field trips and other types of educational stimulation were especially important to the children and parents who often participated in these events. From workshops and other participation, the majority of parents indicated that Head Start had a direct, lasting influence on them in one or more ways, e.g., in improved health and nutrition, or obtaining further education or employment, or in improving their childrearing approaches, or in coping with family crises.

The current communication between the parents and school teachers appears to be markedly less comfortable and positive than between the parent and Head Start teachers and staff. Both current school teachers and parents indicated the present lack of communication.

Teachers reported that the majority of the students are working hard, are moderately to highly motivated and task persistent, even when trying to overcome learning difficulties. Further study of the data will be conducted to ascertain the factors related to differences in students' current school progress.

The CHAIRMAN. The committee stands in recess.

[Whereupon, at 12:25 p.m., the committee was adjourned.]

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